DEPT.-65

JOB-31

REEL-23

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23907

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls and #1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

No. 9501

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9501 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, September 29 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barkley Lyles Shan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 178 Jack St

Cause of Death, { First (Primary), Typhoid Fever
Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29 1886

Undertaker, Hercules Ricks

Place of Business, 95 Eon McJ St *Address,* 177 Hart St

C. L. O Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 95002

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95002 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Buchanan Booth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Milk Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gloucester Co Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 114 Eastman St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Co Va by Steamer

Date of Burial, Sept 23

Undertaker, C H Shepard

Place of Business, 2512 Pa ave

J C Hammer M. D.
Medical Attendant.

Address, 87 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4369 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95003 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Gresham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* / *Months.* 5 *Days.*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 79 N. Vincent Alley

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 22/86

Undertaker, Wm H. Dwyer

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Eutaw & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95804 *Office of Registrar of Vital Statistics.* Ward 34 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McCabe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 S. Eden

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept 23 1886

Undertaker, Henry Koether

Place of Business, 219 W Lexington *Address,* 912 Caroline

Chas H Laundry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95005 *Office of Registrar of Vital Statistics.* Ward 9 C/T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

11

Date of Death, Sept. 27, 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Vernon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.} Single

Occupation, Draughtsman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ger

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Bronchial Disease

Second (Immediate), Heart Failure

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Gardenview Balto Co

Date of Burial, Sept 29 1896

Undertaker, Henry Hoeck

Place of Business, 303 N Pearl

William Ebert M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95706 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie L. Fales

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 256 N Bond St

Cause of Death, First (Primary), Acute Brights Disease

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mathew Cem.

Date of Burial, Sept. 23rd 1886 Wm. L. Russell M. D.

Medical Attendant.

Undertaker, A. Fink & Son

Place of Business, 461 W. Lay St *Address,* 808 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95097 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Holly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Colo

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter Hotel

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary Co Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 48 Whatcoat or

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary Co Md

Date of Burial, Sept 24 1886

Undertaker, B H Chase

Place of Business, 193 Lanvale

G Harvey Hill M. D.
Medical Attendant.

Address, 127 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4370 Fawn St

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93708 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, Sept 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wiley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 22 Rice st

Cause of Death, First (Primary), Intes Colitis

Second (Immediate),

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Shumpt st Cemetery

Date of Burial, Sept 23 1886

Undertaker, William A Burger

Place of Business, 62 East st

Thomas Hill M. D.
Medical Attendant.

Address, 807 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95009 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Maria Pearson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Girl

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 16 Sassafras St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 23/86

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* Cor Charles & Pleasant Sts.

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95010 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Col or D

CERTIFICATE OF DEATH.

Date of Death, September 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sears

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cathedral Street

Cause of Death, First (Primary), Inanition

Second (Immediate), 4

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 23/86

Undertaker, Chas. T. Sermon

Place of Business, 911 N Eutaw *Address,*

R B Browne *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95011 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, September 21 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Jno. Louis Ecarius

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* 5 *Days*

Color, Wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 349 Orleans St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Eclampsia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sep 24 1886

Undertaker, John Hennig

Place of Business, 382 Orleans Address, 1 Dr. Entry

F. F. Meyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 95014 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 21. Septber 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Merkley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 53 years *Years,* *Months,* *Days,*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death. {Give street and Number.} 1717 N. Bethesda

Cause of Death, First (Primary), Carcinoma uteri

Second (Immediate),

Duration of Last Sickness, ab. 2 1/2 year

the above information should be furnished by the Physician.

Place of Burial, Bethany Cem.

Date of Burial, Sep 23. 1886

Undertaker, John Herring

Place of Business, 282 Orleans St. *Address,* N. E. Cor. Chew & Wolfe

H Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95013 *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

C

Date of Death, Sept 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edwards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 9 S 1 Eighth St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 93 S Bond St

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate); Enteric Colitis.

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 23

Undertaker, G. Dieffenbach

Place of Business, 157 S. Bond St. *Address,* 186 W Fayette St

W. H. Cox, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95014 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Fussler

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give Street and Number.} 188 Canton ave

Cause of Death, First (Primary), Congestion Chill

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 24

Undertaker, Wendell Dippel

Place of Business, 151 S Bond

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95015 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno L. Kerwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 15 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Bay Captain

Birth Place, {State or country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 256 William St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th 1886

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,*

Thos Corbin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95016 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, September 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 10 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Box maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Abt 30 yrs.

Place of Death, {Give Street and Number.} 6 Wyoming St.

Cause of Death, First (Primary), Cirhosis of

Second (Immediate), Liver

Duration of Last Sickness, abt a year

All the above information should be furnished by the Physician.

Place of Burial, Sept 25 1886

Date of Burial, Balt Cemetery

Undertaker, A Rosenberger

Place of Business, 61 Park Ave *Address,* 281 S Charles St

Geo Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95017

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 22th September 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Freitag

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmixer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Tonnern, Prussia, Germany

Duration of Residence in the City of Baltimore, 6 ylars.

Place of Death, {Give Street and Number.} 2 Registerstreet 215.

Cause of Death, First (Primary), Malaria Typhosa

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, F German Unitat Cemtry.

Date of Burial, Septr 24th 1886

Undertaker, Wm Nicolaus

Place of Business, 249 Alice Anna. *Address.* S. Wolfestreet 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 95018 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilii Eacker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 8 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} V Braunfels Germany

Duration of Residence in the City of Baltimore, 12 m.

Place of Death, {Give Street and Number.} 230 N. Calhoun St

Cause of Death, First (Primary), Ovarian Dropsy

Second (Immediate),

Duration of Last Sickness, 12 m.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 25/86

Undertaker, Chas. T. Scriven

Place of Business, 27 N Eutaw

Louis Leo Horn M. D.
Medical Attendant.

Address, Myrtle Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95019 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Scales

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 10 *Days.*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give Street and Number.} 433 Cooks Ln

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Sept 23 1886

Undertaker, Hercules Ross

Place of Business, 95 Eastern Ave. Address, 359 Barre St.

J. A. D. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 95020 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 137 S Bethel St

Cause of Death, First (Primary),

Second (Immediate), Abdominal tumor

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Asbury E. Cemetery

Date of Burial, Sept 24

Undertaker, John E Grace

Place of Business, 142 S. Caroline St *Address,* 24 S Broadway

[illegible] City M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sheet.

Health Department, City of Baltimore.

Permit No. 9502 / *Office of Registrar of Vital Statistics.* Ward 7 1

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Schroder

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} cor E. Eman & Hoffman

Cause of Death, First (Primary), Erysipelas & Diphtheritic Sore

Second (Immediate), throat

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 24th

Undertaker, Geo Schilling

Place of Business, Island Square

Wm B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 95022 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1886 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Sept. 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Conner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 637 N. Gay St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Paralysis of brain & heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 25th

Undertaker, Geo. Schilling

Place of Business, 1st and Eyler Address, 305 N Caroline St.

Geo. A. Hartman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95023 *Office of Registrar of Vital Statistics.* Ward 5 1

HEALTH DEPARTMENT SEP 23 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter A Dawson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 165 E Mad

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 165 E Mad

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, September 24th

Undertaker, Geo Schilling

Place of Business, Ashland Ave *Address,* 192 Augusta

David E Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 93024 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. a

Date of Death, Sept 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry S. Louis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 412 Mulberry St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 24/86

Undertaker, J. B. Cook

Place of Business, 1704 W. Balto St

T. F. Hill M. D.

Medical Attendant.

Address, 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 95025 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cherney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 N Castle St.

Cause of Death, First (Primary), Malaria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johansus Ci

Date of Burial, Sept. 24. 86

Undertaker, Frank Coach.

Place of Business, 249 W. Dru[illegible] *Address,*

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95026 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1886 Mary A. James

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 15 N. Stricker St.

Cause of Death, First (Primary), Calcified Lymphatic pressing on Pneumogastric and Phrenic nerves.

Second (Immediate), Exhaustion

Duration of Last Sickness, About 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 24/86

Jno. S. Latimer M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette *Address,* 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95027 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances E. Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 129 Fremont St.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Sept. 24

Undertaker, B. Y. Pauls

Place of Business, 82 West St. *Address,* 152 Church.

R. J. H. Tull, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95028 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if [illegible] requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept. 23d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fatrick John H. Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 3 Hoke St

Cause of Death, First (Primary), Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Sept. 24th.

Undertaker, W. J. Gray

Place of Business, 69 Mulberry St. *Address,* [illegible]

Bernard Farley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95029 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Doil (Col.)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about 45 or 50 *Years,* ——— *Months,* ——— *Days.*

Color, Colored.

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Died ~~from the~~ in the Southern Patrol wagon from Epileptic Spasms, while being removed from the Hanover Market House.

Cause of Death, First (Primary), Epileptic Spasms.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. O. Cemetery

Date of Burial, Sept 23, 86

Undertaker, Fred'k Ahrenbrun Frank J. Flannery M. D.

Coroner ~~Medical Attendant.~~

Place of Business, Health Office *Address,* 1701 Dr. Hall ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 95030 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 24 1886 BALTIMORE, MD.

Date of Death, Sept. 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Meginniss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

V

Place of Death, {Give Street and Number.} * 309 E. Chase St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 26th

Undertaker, Geo Schilling

Place of Business, 25 Cand Ave

Geo. A. Hartman M. D.
Medical Attendant.

Address, *305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95031 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1... BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sharon E. Lin...

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ever since birth

Place of Death, {Give Street and Number.} Sharp & Montgomery

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis (Summons)

Duration of Last Sickness, ~~2 months~~ (Summons) 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25 Sept

Undertaker, Henry Brill

Place of Business, Henrietta 81

Thornton Boyle M. D.
Medical Attendant.

Address, 410 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95032 *Office of Registrar of Vital Statistics.* Ward 13 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Emory Valentine

Sex, Male or Female, {Cross out the word not required in this line.} C

Age, *Years,* 8 *Months,* *Days*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Wine St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shemp St Cemetery

Date of Burial, Sept 24 1886

Undertaker, William N Burgess

Place of Business,

J. M. Hundley M. D.
Medical Attendant.

Address, 22 E Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95033 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Gonso

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 446 Mulberry.

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Sept 26 1886

Undertaker, J B Cook

Place of Business, 1003 W. Baltimore St

Louis G Stern M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4371 Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 95713 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP. 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Gelinghost

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Two (2) *Months,* Twenty one (21) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 189 Camden Street

Cause of Death, First (Primary), Gastro Enteric Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Septr 25th 1886

Undertaker, John S. Meacher

Place of Business, 150 Camden St *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of This

Health Department, City of Baltimore.

Permit No. 95035 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Woman Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 162 N Gilford St.

Cause of Death, First (Primary), Miscarriage

Second (Immediate), Septicemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 3 district Anarandel Co

Date of Burial, Sept 24 1896

Undertaker, Wilson & Dorsey

Place of Business, 62 East St *Address,*

John Zeigler *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95036 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Grudgard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 101 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 24 1886

Undertaker, E. F. Krauss & Son

Place of Business, 209 Hanover

Thomas Cole M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95037 *Office of Registrar of Vital Statistics.* Ward 7 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP. 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Bauersachs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — 1 yr in Am

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 7 wks (Relapse)

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, September 24th 1886

Undertaker, Leonhard Kurz

Place of Business, 277 S. Bond St. *Address,* 188 N Calvert St

Geo J Kenny M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95038 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. McCoffrey

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 254 Hoffman St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Phthisis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 25 '85 E. Wellman M. D.

Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 & Albert *Address,* 119 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95037 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 [illegible] BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 22" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Smith Grace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give Street and Number.} 2 Oyster alley

Cause of Death, First (Primary), Premature birth 7 mos

Second (Immediate), Asthenia

Duration of Last Sickness Since birth

All the above information should be furnished by the Physician.

Place of Burial, Shaffs St Cem

Date of Burial, Sept 24" 86

Undertaker, Hercules Ross

Place of Business, Conway St *Address,*

James A. Stewart M.D.
Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Dunning Inspector

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 95040 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9.23.86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Smith.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* 16 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 74 Pierce St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, 25th Sept.

Undertaker, Morgan & Rey

Place of Business, 9 Mulberry st.

Louis M. Eastman M. D.
Medical Attendant.

Address, 349 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob M. F. Bellman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 *Years,* *Months,* *Days*

Color, White *Sex,* Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 431 N. Carey St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Since July

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Hartman M. D.

Date of Burial, Sept 25th 1886 Medical Attendant.

Undertaker, Stewart & Mowen *Address* 44 Franklin

Place of Business, 35 Park ave & Mount Royal & Boundry ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 95042 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 24 18[illegible], BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 23 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 5 *Days,*

Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Vincent alley 13 near Lexington St

Cause of Death First (Primary). Bronchitis — acute

~~Second (Immediate).~~

Duration of Last Sickness, 10 Ds — about

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial Sept 24 1896

Undertaker William H Dyer

Place of Business, 62 East St

C. C. McDowell M. D.
Medical Attendant.

Address, 1521 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95043 *Office of Registrar of Vital Statistics.* Ward 8 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Bennett~~ Sept 23. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bennett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3 Pine Court

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Sept 25 1886

Undertaker, Wilson & Bruce

Place of Business, 62 East St *Address,* 25 Jr Green Ave

J H Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 93044 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Chaplain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter for R. Leetz Piano Manufac-

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} N. Howard St No. 60

Cause of Death, {First (Primary), Second (Immediate),} Hoemorhage of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27. 1886

Undertaker, Commadeu

Place of Business, 46 East Dr *Address,*

L. L. Sharow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9540 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 36 McKim St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26/86

Undertaker, H W Madden

Place of Business, 46 East St

J N Robinson M. D.

Medical Attendant.

Address, 25½ Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of Blank.

Health Department, City of Baltimore.

Permit No. 95046 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 25 1896 BALTIMORE, MD.

Date of Death, Sept. 24th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella. Jackson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 13 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 86 N. Spring St.

Cause of Death, First (Primary), Fell down steps which produced Cerebral Hemorrhage with Immediate.

Second (Immediate), Convulsions & Paralysis

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25th 96

Undertaker, Alex Hendry

Place of Business, 116 Orchard St. *Address,* 208 Aisquith St.

Edward P. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Health Law below and Rules of Board.

Health Department, City of Baltimore.

Permit No. 9504

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* 1 *Months,* *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 223 Elting St

Cause of Death, First (Primary), Marasmus

Second (Immediate), "

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 25th 1886

Undertaker, Alex Hensey

Place of Business, 116 Orchard St

B. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule 8 ...

Health Department, City of Baltimore.

Permit No. 95048 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Grant (col.)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 24 *Days*

Color, Black.

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 944 Barre St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Spasms.

Duration of Last Sickness, Sick 5 months - Had Spasms for about 2 hours previous to death.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 25 1886.

Undertaker, Hercules Bros.

Place of Business, 95 Eas Mt St

Frank J. Filannery, M. D.
Coroner / Medical Attendant.

Address, 404 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95049 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* about *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sewing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 322 Little Montgomery St.

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Harpers Cemetery

Date of Burial, Sept 25 1886

Undertaker, Hercules Ross

Place of Business, 25 Constitution St.

Richard Slaughter M. D.,
Medical Attendant.

Address, Cor. Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully ... to the ...

Health Department, City of Baltimore.

Permit No. 95053 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Al...

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ——

Occupation, Working woman ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 35 yrs ——

Place of Death, {Give Street and Number.} *38 King St.

Cause of Death, First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95051 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mensinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} No 46 Hanover alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Septr 27th 1886

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

W. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 23052 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female D

Age, 2 6 *Years,* 8 *Months.* 15 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 187 W Lombard St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Sept 26th 1886

Undertaker, Julius Koerber

Place of Business, Sharp & Cross *Address,* 55 N Green

W. H. Kemp *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 93053 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Harford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 57 years.

Place of Death, {Give Street and Number.} 503 N. Fremont ave

Cause of Death, First (Primary), Dyspepsia

Second (Immediate), asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 27th

Undertaker, P. B. Cook

Place of Business, 707 W. Baltimore *Address,* 47 Edmondson ave

Geo. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse.

Health Department, City of Baltimore.

Permit No. 93054 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma D Friend

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married,~~ Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 42 George St Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 42 George St

Cause of Death, First (Primary), Prematurely born 8th Month

Second (Immediate), Marasmus

Duration of Last Sickness, Sick all her life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 26th 1886

Undertaker, Wm Heaver

Place of Business, 202 N Eutaw

J. R. Uhler M. D.
Medical Attendant.

Address, 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, September 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juditta Leandy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* 22 *Days*

Color, white *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Romney W. Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 348 N. Eutaw St.

Cause of Death, First (Primary,) Infirmities old age

Second (Immediate,) Paralysis Hemiplegia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Sept 26th 1886.

J. E. Lindsay *M. D.*

Medical Attendant.

Undertaker, Stewart & Manne

Place of Business, 35 Park Ave & Broadway & Mt Royal Ave *Address* 23 Rad St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1874 Issued

[over]

Board of Health, City of Baltimore.

Permit No. 95056 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, 24th Sept.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kortlander

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 54½ york st

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 12 days

the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Sept 26th 86

Undertaker G. France

Place of Business, Pfaff & Wolfe & Co. *Address,* 141 Barnet

H W Mebelt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 25057 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Margaret Mild

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give Street and Number.} 713 N Gilmor st

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept. 26 - 1886

Undertaker, John P. Paulus

Place of Business, 66 Frederick ave *Address,* 87 N Pine

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95058 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 23—1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* —— *Months,* —— *Days*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor. B'way. & Bon. ——

Cause of Death, First (Primary), Depressed fracture of Skull caused

Second (Immediate), by being accidentally run over by a wagon

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1886

Undertaker, W. W. Madden

Place of Business, 946 Eastern Av

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95057 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT, SEP 22 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza. A. Cromwell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} W

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 19 E. Chase St

Cause of Death, First (Primary), Epithelioma; seated on

Second (Immediate), left side forehead, left eye, ear, nose and on mouth.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sep 26/86

Undertaker, J. B. Cook

Place of Business, 707 & 709 Baltimore St

Thomas L. Shearer M. D.
Medical Attendant.

Address, N. 97 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95060 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 25 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia R Wolf

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6360 Pratt St

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 2 Days ~~1 Hour Date Unk~~

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 26/86

Undertaker, J. B. Cook

Place of Business, 1707 W. Balto

Thomas Date M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the REMARKS below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 45761 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarethe Kraft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 2 *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} #150 Lloyd st

Cause of Death, First (Primary), Dysentery Bilious

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, September 27

Undertaker, B. Hall & Son

Place of Business, 82 West St

Geo. Buddenhagen M. D.
Medical Attendant.

Address, 46 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95062 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Sept. 24th/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Mary Edwards

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 67 Raborg St.

Cause of Death, First (Primary), Chronic Diarrhoea

Second (Immediate), Convulsions

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Harlem Park

Date of Burial, Sept 25th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

J. H. Hoffmann M. D.
Medical Attendant.

Address, 279 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95063 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Sept 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Col Robert S. King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} 385 South Broadway

Cause of Death, First (Primary), Malaria & Incendical with many Complications

Second (Immediate), Exhausting of Brain

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sep 26. 1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 430 Pinsmith St Balt.

Geo. H. Wagner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 93064

Office of Registrar of Vital Statistics.

Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Sep 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Simpson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oil Samples

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 97 Canton Av

Cause of Death, First (Primary), Peritonitis

Second (Immediate), do

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Sept. 26. 1886

Undertaker, M. A. Dager

Place of Business, 74 S. Bway. *Address,* 108 Canton Av

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 1009 Parrish Alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, Sept 27 1886

Undertaker, William A Engel

Place of Business,

Geo C Ogle M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Health Department, City of Baltimore.

Permit No. 93066 *Office of Registrar of Vital Statistics.* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Houston

HEALTH DEPARTMENT SEP 26 1886 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 199 N. Bethel st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27 1886

Undertaker Wilson & Burgee

Place of Business, 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Hereof and to [illegible]

Health Department, City of Baltimore.

Permit No. 9967 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1886 BALTIMORE

CERTIFICATE OF DEATH. B

Date of Death, September 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Crew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 42 Jefferson St.

Cause of Death, First (Primary), Locomotor Ataxia

Second (Immediate), Inanition

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, Sept 27 1886

Undertaker, William A Dugan

Place of Business, 62 East St

Jno. M. Lowman M. D.
Medical Attendant.

Address, 238 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 25068 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 — 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis William Tremer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* 23 *Days*

~~*Color,*~~ White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 57 Frederick ave

Cause of Death, First (Primary), Bronchitis & pulmonary collapse

~~Second (Immediate),~~

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Aghonais

Date of Burial Sept 27th 1886

Undertaker John J Andrews

Place of Business 1044 & Druid Hill Ave

C. C. McDowell M. D.
Medical Attendant.

642
Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 93069 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emphery Steffner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City during life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 2 Wright Alley

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Ephemeritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Charles St Bens

Date of Burial, Sept 26th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* .....

W Rickert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Health Department, City of Baltimore.

Permit No. 95070 *Office of Registrar of Vital Statistics.* Ward 13 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Sept. 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ricilla Butler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~43 yr.~~

Age, 43 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 43 yr. sk

Place of Death, {Give Street and Number.} 173 Raborg

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate), Arthritis

Duration of Last Sickness, 20 Months

All the above information should be furnished by the Physician.

Place of Burial, Mark Meadow

Date of Burial, Sept 26th 1916

Undertaker, Wm C Coates

Place of Business, 198 S Howard St

R W & P E Wis M. D.

Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95071 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, September 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Philbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 82 Dolphin St

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Oedema + Pleurisy

Duration of Last Sickness, Several weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, Sept 27/86

Undertaker, Chas F. Scriven

Place of Business, 270 N Eutaw *Address,* 115 W. Monument St

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to that of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 95072 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Sept 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 231 Hughes St.

Cause of Death, First (Primary), ...

Second (Immediate), Bilious Dysentery

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn St Cemetery

Date of Burial, Sept 26 1886

Undertaker, Hercules Ross

Place of Business, 25 Courtney St *Address,* 333 Light St

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95073 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

A

Date of Death, Jan 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Wilkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 4 St Peter st

Cause of Death, First (Primary), Dentition

Second (Immediate), ———

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Cemetery

Date of Burial, Jan 26th 1886

Undertaker, Geo Lemmbach

Place of Business, 389 N Gay *Address,* 1511 Eastern ave

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9307 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 27 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schrath

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mon. 4 days.

Place of Death, {Give Street and Number.} No 78 Ward St.

Cause of Death, First (Primary), ...

Second (Immediate), Spasm of Glotis.

Duration of Last Sickness, Half Hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 27. 1886

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St.

Wm P Coburn M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95075 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 25th. September 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rotenas.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation. ~~Occupation~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} E. Ann Street 811 (190)

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate),

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem.

Date of Burial, September 26, 86

Undertaker, Felix Brosbach.

Place of Business, 25 & 27 Cider Ave. *Address,* S. Wolfe St. 318 (1171)

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95076 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 25. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Israham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 529 Lexington St -

Cause of Death, First (Primary), Consumption of the Lungs

Second (Immediate), —

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 27th

Undertaker, Fred Schilling

Place of Business, Ashland & Spear

Jno. J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95077 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

a

Date of Death, Sept. 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. L. Wales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Nr Mt. Woodland Co. Va.

Duration of Residence in the City of Baltimore, Seven yrs.

Place of Death, {Give Street and Number.} 71 Jefferson St.

Cause of Death, First (Primary), ~~Pr~~ Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27/85

Undertaker, Chas Builer

Place of Business, 132 N Caroline

G. W. Lusk M. D.
Medical Attendant.

Address, 2000 E. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 95078 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Hamburger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation x x x

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 70 N Caroline St Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 70 N Caroline St

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Burial Ground Cemetery

Date of Burial, Sept 27th 1886

Undertaker Graul & Spence

Place of Business, 1100 E Balto St

Thomas E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95079 *Office of Registrar of Vital Statistics* Ward 16

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, September 26. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenvena Weidner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 4 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 128 Columbia Ave.

Cause of Death, First (Primary), Epilepsy

Second (Immediate),

Duration of Last Sickness, 15 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 28th

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St *Address,* Cor Columbia & Mount Ave

Daniel A. Deaver M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95080 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, September 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie E. Guthiel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 1 *Months,* 18 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 39 yrs.

Place of Death, {Give Street and Number.} # 717 West Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 9 months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 28/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

Gustav. F. Boucsein M. D.
Medical Attendant.

Address, 408 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95081 *Office of Registrar of Vital Statistics,* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Collins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* 7 *Days*

Color, Colored

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} S

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of her life

Place of Death, {Give Street and Number.} 9 Eden St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, Sept 27th 1886

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St *Address,* 1431 Linden Ave

Saml T. Earle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95282 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT SEP 1896 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

CERTIFICATE OF DEATH.

Date of Death, Sept 26, 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret M Elroy

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} Md. Genl. Hospital 25 & 27 Linden Ave

Cause of Death, { First (Primary), Paralysis.
Second (Immediate), Asthenia.

Duration of Last Sickness, About 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28th 1896

Undertaker, Henry H. Means

Place of Business, #413 E. Fayette St

Hall Bond M. D.
Medical Attendant.

Address, Md. Genl Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD

Permit No. 95083 *Office of Registrar of Vital Statistics* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shaderick Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 or 45 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimor (?)

Duration of Residence in the City of Baltimore, Life (?)

Place of Death, {Give Street and Number.} Rear 2 131 or 149 York St.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Hemorrhage.

Duration of Last Sickness, about 5 or 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Sept 27 1886

Undertaker, Hercules Ross

Place of Business, 91 Courtland St

Frank J Flannery M. D.
Medical Attendant
Coroner
Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95084 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Sept 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. N. Ballentine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chester Co. Pa.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 3 Lone St (Canton)

Cause of Death, First (Primary), Congestion Chill

Second (Immediate), Coma

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 28/86

Undertaker, Wm S Hay

Place of Business, 81 W Baltimore

E. H. Button M. D.
Medical Attendant.

Address, 124 E Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95085 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE MD

D

CERTIFICATE OF DEATH.

Date of Death, Sept. 26. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie G. Inman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 23 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 136 W. Hoffman St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 27 1886

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette

Jno. F. Powell M. D.
Medical Attendant.

Address, 309 St Paul St. Est

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95086 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 240 E. Madison St.

Cause of Death, First (Primary), Chol. Inf. + Convulsions

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 28 "/86

Undertaker, Thos Mary T. Butler

Place of Business, 240 E. Madison *Address,* Eden + Biddle sts

E. B. Jenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9508 7 *Office of Registrar of Vital Statistics.* Ward 1 C 9

HEALTH DEPARTMENT BALTIMORE, MD. SEP 27 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, September 26th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Gabzer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} No 138 S. Wolf St

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), ~ Paralysis ~

Duration of Last Sickness, ~ 9 months ~

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 28th 86

Undertaker, G. Franc

Place of Business, Bonk & Wolf

Thomas B. Evans M. D.
Medical Attendant.

Address. 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95888 *Office of Registrar of Vital Statistics.* Ward 6"

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Goof

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 N. Washington av.

Cause of Death, First (Primary), Dentition

Second (Immediate), Meningitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem'y.

Date of Burial, Sept 27 - 86

G. A. Link M. D.

Medical Attendant.

Undertaker, G. France

Place of Business, Paul & Wolfe *Address,* 200 E. Balt. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95089 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Voigt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 125 E Biddle

Cause of Death, First (Primary), Dentition

Second (Immediate), Eclampsia

Duration of Last Sickness, about 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 28 1886

Undertaker, Chs Bartlett & Son

Place of Business, 131 E Biddle St *Address,* [illegible]

H Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Disease on Back of Certificate.

Health Department, City of Baltimore.

Permit No. 95091 *Office of Registrar of Vital Statistics,* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Foss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 193 Leander St

Cause of Death, First (Primary), Natural

Second (Immediate), Disease of Heart, Valvular

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 27th 1886

Undertaker, Wm Tickner

Place of Business, 65 S Eutaw St

J. K. Wiley M. D.
Medical Attendant.

Address, 403 West Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 95091 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd O' Connor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 207 Saint Paul

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 29/80

Undertaker, Chas T. Sewell

Place of Business 27 N Eutaw *Address,*

Edwd A. Mann M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE, MD.

Permit No. 95094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Godwin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queenstown Queens Co Md

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} 162 Chesnut Street

Cause of Death, First (Primary,) Softening of the brain

Second (Immediate,) With Paralysis

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cy

Date of Burial, Sept 28 1886

A. G. Watson M. D.
Medical Attendant.

Undertaker, Jos A Byrne

Place of Business, 63 Hanover Address 1301 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] use and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 95093 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, September 27-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Herman Volkman

Sex, Male or Female, {Cross out the word not required in this line.} Male 3 Parents

Age, — *Years,* — *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 Sassafras St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 28

Undertaker, John Templeton

Place of Business, 37 E. Pratt *Address,* 26 Columbia

J. S. Blum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9509 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, Sept 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Virginia Griffin, Child

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Eutaw Court No. 22

Cause of Death, First (Primary), ...

Second (Immediate), Congenital Syphilis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 28th

Undertaker, J. O. Gray

Place of Business, 60 Mulberry St *Address,* ...

E. E. Spamer *M. D.*

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully directed to ...

Health Department, City of Baltimore.

Permit No. 95095 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 14 Bigler St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebron Md.

Date of Burial, Sept 28

Undertaker, W Dyer E Dolman, M. D.
Medical Attendant.

Place of Business, 151 S Bond *Address,* 253 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Following

Health Department, City of Baltimore.

Permit No. 95096 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE MD

D

CERTIFICATE OF DEATH.

Date of Death, Sept 26 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Ann Kennard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} —

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 92 Ann St North

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, ~~1 Month~~ 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28 1886

Undertaker, William A Lange

Place of Business, 62 East St

F West M. D.

Medical Attendant.

Address, 359 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 9597 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single Widow or Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 221 William St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Anemia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept. 29

Undertaker, B. Nash

Place of Business, 82 West St

I. C. Blair M. D.
Medical Attendant.

Address, 221 William St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95098 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept 25th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shemm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 518 Light St.

Cause of Death, First (Primary),

Second (Immediate), Bron Chitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 28

Undertaker, B. Ward

Place of Business, 82 West St *Address,* 226 Fruitberry St

Louis C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 49 Pearl St

Cause of Death, First (Primary,)

Second (Immediate,) Endocarditis

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 30th 1886

Undertaker, W Cadogan

Place of Business, 227 Mulberry St.

Frank W. Gunn M. D.
Medical Attendant.

Address 94 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 95100 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 27th September 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nau.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy Eight (78) *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 60 Druid Hill Avenue, Baltimore.

Cause of Death, First (Primary), Senile Catarrh.

Second (Immediate), Exhaustion of old age.

Duration of Last Sickness, About four Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Sept 29th 1886

Undertaker, Mr Cadogan

Place of Business 227 Mulberry

Wm C. Van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95101 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 28 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, September 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A Heisen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No 386 Ruscanna st

Cause of Death, First (Primary), Hypertrophy with Dilatation of Heart

Second (Immediate), Hemorrhage from the Lung

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 28. 1886

Undertaker, H. Vandewater

Place of Business, 1910 Eastern Av *Address,* 92 Jackson Square

Thomas B Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95702 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, 24th. September 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Distler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Albemarlestreet Nro 78

Cause of Death, First (Primary), Elephantiasis Arabum (1½ years)

Second (Immediate), Apoplexia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Sept 29. 1886

Undertaker, H. Sandgetson

Place of Business, 1210 Eastern Av *Address,* S. Wolfert 318 (117)

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 95703 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 28 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, September 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Willis,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 938. Barre St.

Cause of death, First, (Primary,) Asthma & Bronchitis

Second, (Immediate,) Valv Disease Heart.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St Marks St Cemetery

Date of Burial, Sept 29 1886

Undertaker, Hercules Boss

Place of Business, 25 Eutaw St

A. C. Fox M. D.,
Medical Attendant.

Address, 57 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95704 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, Sept 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia A Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 61 Church Ct

Cause of Death, First (Primary), ...

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28 1886

Undertaker, Hercules Rose — Jno W Blake M. D.
Medical Attendant.

Place of Business, 95 Cantaloupe — *Address,* 158 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Ward 12th

Permit No. 95105 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anastatia Spear

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} ..... *Days,*

Age, 17 *Years,* ..... *Months,* .....

Color, Black

Married, Single, Widow ~~or~~ Widower, {Cross out the word not required in this line.} ✓

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Leonardtown Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} # 1202 Druid Hill Ave.

Cause of Death. First (Primary), Peritonitis Acute (Idiopathic)

Second (Immediate), Collapse

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial Leonardtown Md *Medical Attendant.* Thos. S. Huck. M. D.

Date of Burial, Sept 28 1886

Undertaker H. Eules Ross *Address,* 95 Courtland St

Place of Business, 95 Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4374 Spear

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95106 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Rachuba
Rachuba

Sex, Male or Female, {Cross out the word not required in this line} ✓

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 51 Hanover St Frances

Cause of Death, First (Primary), ...
Second (Immediate), Cholera Infantum.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 28th 86

Undertaker, G. Francis

Place of Business, Dan'l & Wolf Sts. *Address,* #243 Aliceanna St

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95707 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 76 Beason St

Cause of Death, First (Primary), Pneumonia Typhoid

Second (Immediate), Prostration & Congestion Lungs

Duration of Last Sickness. 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 28/86

Undertaker, Michael Rank

Place of Business, 33 Bank St *Address,* 1227 Pratt

E W Lamm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95708 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday Sept. 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. W. Bamberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Preston St. East of Wolfe

Cause of Death, First (Primary), Tetanus Nascentium

Second (Immediate), Convulsions, with high temperature

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept. 29th 1886

Undertaker, Geo. Schilling

Place of Business, Ashland Sq. *Address,* Chas St. & Forest Place

Wilbur Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Annexed Notice, and to that of Section 2 of the Regulations of the Board of Health.

Health Department, City of Baltimore.

Permit No. 95109 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Margaret September 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Spickert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Male

Age, 75 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} No 29 Pond St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Sept 30th 1886 Mount Carmel Cemetery.

Date of Burial,

Undertaker, Wm Erichaus

Place of Business, 249 Alice Ann *Address* 22 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95710

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Sept. 28th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Detlef Pisch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ ~~Months,~~ 3 hours. Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ?

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 3 hours.

Place of Death, {Give Street and Number.} # 41 S. Duncan Alley

Cause of Death, First (Primary), Cause unknown

Second (Immediate), Premature Birth 6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 4th German United Cemtry

Date of Burial, Sept. 29th 1886

Undertaker, Wm. Nicolaus

Place of Business, 249 Alice Ann.

John H. Rahberger M. D.
Medical Attendant.

Address, # 243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9511 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lena Frauc

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 1 *Months,* 10 *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany 13 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No 805 W. Baltimore Str.

Cause of Death, First (Primary), Malaria

Second (Immediate), Typhoid fever 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Sept 29th 1886

Undertaker, Chas Hollander Sons

Place of Business, 22 W Batt St

J. J. Levitan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95112

Office of Registrar of Vital Statistics. Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gimper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give Street and Number.} No 146 S Washington st

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem

Date of Burial, September 29

Undertaker, H Lehnert

Place of Business, 951 E Baltimore *Address.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9373 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. a

Date of Death, Sept 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Fields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months.* — *Days* 1

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give Street and Number.} 232 East pr.

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 Months.

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Sept 29 1886

Undertaker, William Monger

Place of Business, 62 East pr 150

H. H. Goodman M. D.
Medical Attendant.

Address, 1330 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95114 *Office of Registrar of Vital Statistics.* Ward 8^

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sunday, Sept. 26th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Worrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give Street and Number.} 194 Harford Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion from Hectic Fever

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 29th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9515 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wilkinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hotel Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give Street and Number.} 215 Forrest St

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sep 29th 1886

Undertaker, W. C. Wedefield

Place of Business, 100 Greenmount ave *Address,* 114 Park ave

F. E. Shatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95116 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie May Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* four *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Eleven months

Place of Death, {Give Street and Number.} 42 N. Mount St

Cause of Death, First (Primary), Marasmus.

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 30th 1886

Undertaker, Jos P Byrne

Place of Business, Front st

N. Wroughe M. D.
Medical Attendant.

Address, 221 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on t

Health Department, City of Baltimore.

Permit No. 9517

Office of Registrar of Vital Statistics.

Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 29 1936
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 27. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amyl Boatin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Wilder St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, September 29

Undertaker, B. Wade

Place of Business, 82 West St

Howard Carter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 95118

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 27. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia A McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 55 S Amons ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Md

Date of Burial, Sep 29/86

Undertaker, J. B Cook

Place of Business, 1903 W Balto St

James Bootey M. D.
Medical Attendant.

Address. Elg Anderson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 10

Permit No. 9519

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frederick Schwartz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68. *Years,* 2 *Months.* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoe Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 315½ Mulberry Street.

Cause of death, First, (Primary,) Valv Disease of Heart.

Second, (Immediate,) Valv Disease of Heart.

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sep. 30/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 57. North Paca St.

Addison C. Fox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95740 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OF BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Heinz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.} Married ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prague, Bohemia

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} S E Cor Franklin & Paul Sts

Cause of Death, First (Primary), Cerebral Softning

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 30/86

Undertaker, P. J. Dietz

Place of Business, 183 Columbia ave

Jno F Powell M. D.
Medical Attendant.

Address, 309 St Paul St Ext

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 25121 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas C. Sams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brakesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give Street and Number.} 649 Hanover St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Prostration

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Manor Cem

Date of Burial, Sept 29

Undertaker, J. H. Ash

Place of Business, 92 West St

D. F. Phillips M. D.
Medical Attendant.

Address 2 N Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4375 Fremont

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT SEP 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy C Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 189 Jefferson st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sep. 29. 1886

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bury

Jas H. Gaskins M. D.
Medical Attendant.

Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 95128 *Office of Registrar of Vital Statistics.* Ward 6 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Elizabeth Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2/4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 102 N. Bond St.

Cause of Death, First (Primary), Inanition and Severe Headaches

Second (Immediate), Typho-Malarial Fever

Duration of Last Sickness, about 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 30/86

Undertaker, M. C. Davis

Place of Business, 74 S Pitts

J. Kingsley Taylor M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95124 *Office of Registrar of Vital Statistics.* **Ward** 6 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 '86 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Neal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 101 North Caroline St

Cause of Death, First (Primary), Old age with severe cold

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Sep. 30. 1886

Undertaker, H. A. Baiger

Place of Business, 74 S. Bway,

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway Nov 1886

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 25725 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Sept. 27 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Welsh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 5 Norman

Cause of Death, First (Primary), Tuberculosis Pul

Second (Immediate), Asthenia

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Sept 28th

Undertaker, Wm J Schaeffer

Place of Business, 53 Front St

T. G. Murphy M. D.
Medical Attendant.

Address, 4 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Side.

Health Department, City of Baltimore.

Permit No. 95726 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, Sept. 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of Horace & Sarah Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Inanition & Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Sept 29th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 242 W. Eutaw St

O. Edw. Lanning M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 95727 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Some days

Place of Death, {Give Street and Number.} In Hospital Virginia

Cause of Death, First (Primary), Typhoid

Second (Immediate), Acute Diffuse Laryngitis

Duration of Last Sickness, Some days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Sept 29 1886

Undertaker, Geo. Ritchie

Place of Business, Health Office Address, U.S. Marine Hospital Service

H. H. Smead, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 9578 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 28. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Buckle.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Retired Police Officer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 412 E. Monument St.

Cause of Death,
First, (Primary,) Consumption
Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Since December 1885

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 1st

J. E. Heard M. D., Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business 100 Greenmt Ave *Address,* 376 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95129 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. SEP 29 1886

CERTIFICATE OF DEATH.

Date of Death, Tuesday - September 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Middleton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 4 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} N.E. Corner Madison & Pine

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 30/86

Undertaker, J. B. Cook

Place of Business, 1203 W. Balto St

C. Brentwood M. D.
Medical Attendant.

Address, 11 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95130 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Carrie Johnson, Father ——

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female.

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite 113 & 115 W. Lombard St.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} Maternite 113 & 115 W. Lombard St.

Cause of Death, First (Primary), ...

Second (Immediate), Inanition.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Kept from

Date of Burial, Anatomical

Undertaker, Purchase.

Place of Business, Maternite

L. F. Atkinson, M. D.
Medical Attendant.

Address, 113 & 115 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 95731 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 29 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Grover

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 370 Mulberry

Cause of Death, First (Primary), Phthisis (Pulmonary)

Second (Immediate), Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept. 30th 1886

Undertaker Wm. J. Mackey

Place of Business, Camden & Reca Sts

Calla Dodson M. D.
Medical Attendant.

Address, 192 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 95132 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melissa Jane Fekle
Melissa

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death. {Give street and Number.} 6 Roberts St

Cause of Death. First (Primary), General Dropsy

Second (Immediate), "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sep 29th

Undertaker Andrew Rohde

Place of Business, 48 Penna Ave

J. J. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95133 *Office of Registrar of Vital Statistics.* Ward 42

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Aarons

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourty years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Locust Point Cemetery

Date of Burial, Sep 29

Undertaker, D Ahrens

Place of Business, 817 E Balto

Medical Attendant. Stollmer M. D.

Address, Eutaw & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth ... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t... cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, September 25 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Gilmore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Col, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 Salsbury Alley

Cause of Death, First (Primary,) .....

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Sept 29 1886

Undertaker, William H Dugee

Place of Business, 62 East St

C. C. Glover Jr — *M. D.*

Medical Attendant.

Address 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respec... Diseases on Back...

Health Department, City of Baltimore.

Permit No. 25136 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Sept 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Keller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bayern Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give Street and Number.} 23 Calvert St

Cause of Death, First (Primary), Natural

Second (Immediate), Anem...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Sept 29th 1886

Undertaker, Fredrick Weigand

Place of Business, 166 Druid Hill Ave

E. K. Ellis M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 75-136

Office of Registrar of Vital Statistics. Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, Sept 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Feild

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* —— *Months,* 18 *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 72 Orleans St

Cause of Death, First (Primary), Gastritis

Second (Immediate), Brain trouble

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 30 1886

Undertaker, Henry [illegible] Grimes

Place of Business, [illegible] Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95737 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 or 15 minutes *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

V

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 193 Penna Ave

Cause of Death, First (Primary), Unavoidable Compression of Cord.

Second (Immediate), Asphyxia.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept. 29

Undertaker, Walter Emmert

Place of Business, 318 W. Biddle

Frank J. Flannery M. D.
Medical Attendant.

Address, 1701 Druid Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95738 *Office of Registrar of Vital Statistics.* Ward 7L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine J. Hammer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1217 N. Dallas st.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sept 30th

Undertaker, Geo Schilling

Place of Business, Oakland & Lyon *Address,* 1201 N. Eden st

E. B. Jenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 15739 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Sept. 29, 1886

Undertaker, John Masterson R. H. Goldsmith M. D.

Medical Attendant.

Place of Business, Division St. *Address,* Harlem av. Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95449 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, New Bath & Lou

Date of Burial, Sept. 29. 1886

Undertaker, John Masterson

Place of Business, Decision St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 25741 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 28/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* newly born *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} In a basket on steps of asylum.

Cause of Death, First (Primary), Exposure.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 29, 1886

Undertaker, John Masteson

Place of Business, Division St. *Address,* Holliman. Calhoun St.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95742 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, July 28th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Julia Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 547 N. Chas St.

Cause of Death, First (Primary), Organic Disease Heart

Second (Immediate),

Duration of Last Sickness, One hour.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 30 1886

Undertaker, Hercules Ross

Place of Business, 9 E Eager St

J. G. Miller. *M. D.*
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 95143 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michl Lanyon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} # 80 Boyd Street

Cause of Death, First (Primary), Injury to foot by stab from a knife

Second (Immediate), Tetanus (traumatic)

Duration of Last Sickness, two (2) weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, September 30

Undertaker, John J Conway

Place of Business, 87 Hollins St *Address,* 3 Bryn Lombard St

H L Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95144 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE SEP 29 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hadash Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Bellevue Court

Cause of Death, First (Primary), [illegible]

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29th 84

Undertaker, W. H. Bruce

Place of Business, East Lr

James A. Stewart M.D.

Medical Examiner

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sept 29

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

J. Pat. Fitzpatrick

Sanitary Insp. Sector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95745 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT SEP 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pinchard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 2 1 *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1944 [illegible] Lombard St.

Duration of Residence in the City of Baltimore, [illegible] Lives

Place of Death, {Give Street and Number.} 1944 Lombard st

Cause of Death, First (Primary), Cerebro Cerebellitis

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, Sept 30th 1886

Undertaker, John G Andrews

Place of Business, 1644 Druid Hill Ave

W. H. Gw M. D.
Medical Attendant.

Address, 155 W Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95746 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis E. Hoss

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 26 Hanover St. Grave ct

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 1st 1886

Undertaker, Stewart & Bowen

Place of Business 33 Park ave *Address* ~~Cor Royal & Boundary aves~~ 121 William st

C. Hilleary M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95147 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hallman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Farm laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 30 years

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cancer rectum

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Md

Date of Burial, Sep 30/86

Undertaker, J. B. Cook

Place of Business, 1003 Balto St.

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4376 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95748 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased. or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 1 White Alley

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 1 White Alley

Cause of Death, First (Primary), Hemorrhage of Navel

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept. 30th

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont St

M. Louis Young M. D.
Medical Attendant.

Address, David Hill Ave & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95149 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gutmeier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~*d, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (13yrs in the U.S.)

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Chronic diarrhea

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks (this attack)

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 30th 1886

Undertaker, H. M. Gunniss

Place of Business, N. Central Ave *Address,* 1888 Balto

Oscar Leskie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95150 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Algir Geiger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, ... *Years,* *10 Months,* *4 Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} S. E. Cor Bath & High sts.

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudun Park Cem

Date of Burial, Sept 30 1886

Undertaker, Jas O Byrne

Place of Business, ~~C~~ Same *Address,* 1727 E. Baltimore st

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Rebates below, and to Date of Decease on F...

Health Department, City of Baltimore.

Ward 1/11

Permit No. 95151 *Office of Registrar of Vital Statistics.*

BURIAL DEPARTMENT SEP 30 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Eighth Sept 1886

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Fury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11

Place of Death, {Give Street and Number.} No. 103 S. Chester

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 1st 1886

Undertaker, M. McClarken

Place of Business, 72 O. Ann

J. H. Kelly, M. D.
Medical Attendant.

Address, 21 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 95752 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, September 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 718 S. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 1st 86

Undertaker, M. Delaski

Place of Business, 72 Dam

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95153 *Office of Registrar of Vital Statistics.* Ward 19-11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt H Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 516 Franklin St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 1st 1886.

Undertaker, M Cadogan

Place of Business, 221 Aisquith St *Address,* 2 Cathedral St

A. Tunstall *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95752 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 27 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nachtman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 161 N Gay

Cause of Death, First (Primary), Liver Disease (Chronic)

Second (Immediate), Jaundice (Permanent)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Oct 1st

Undertaker, Denney & Mitchel

Place of Business, Fayette & Carrollton Ave

A. R. Lucas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95755 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1899 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, ~~Dec.~~ Sept 28 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Stanton

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 39 N. Fremont ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Apoplexy 2 days

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 1st

Undertaker, John J Bowen

Place of Business, 89 Collins st

C. D. Mc Kenzie M. D.
Medical Attendant.

Address, 121 N Mount st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95156 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept- 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wm & Mary Griffin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, Col

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 432 Parrish Alley

Cause of Death, First (Primary), —

Second (Immediate), Umbilical Hemorrhage

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Balto County Md

Date of Burial, Oct- 1/86

Undertaker, Alex Hemsley

Place of Business, Orchard St *Address,* Com. of Health & Registrar

James A. Stewart M.D.
~~Medical Attendant~~ Cor. M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jno E Brown
Interim

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95157 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Miller.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 6 *Months,* *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Mfr.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kurhassen-Germany.

Duration of Residence in the City of Baltimore, 49 Years.

Place of Death, {Give Street and Number.} 318 N. Hoffman St.

Cause of Death, First (Primary), Organic Disease of Heart,

Second (Immediate), Anasarca.

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 1

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St. *Address,* 193 Lexington St.

John L. Blagg M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95158 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Rachel Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1/4 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 26 Iron Alley

Cause of Death, First (Primary),

Second (Immediate), Premature Birth.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1886

Undertaker, W. W. Madden

Place of Business, East St

James A. Hunt M.D.
~~Medical Attendant~~

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Deputy Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95159 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT SEP 30 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 29: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt E. Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8-3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give Street and Number.} # 21 Bayard St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Nine (9) days.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, Oct 1st 1886

Undertaker, John F. Mackey

Place of Business, 150 Camden St *Address,* 37 W. Lombard St

D. L. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4377 Transit

Board of Health, City of Baltimore,

Permit No. 95760 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberta Lizzy Brunn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 135 E. Biddle St

Cause of Death, First, (Primary,) Malarial fever

Second, (Immediate,) Coma with Asthenia

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 1/86

Gr H Diffenderffer M. D., Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 190 W Balto Address, 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Garretson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Planter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City - Md

Duration of Residence in the City of Baltimore, 35 yr 11 mo 10 days

Place of Death, {Give street and number.} # 116 Brune st

Cause of Death, First (Primary,) Typhoid - malarial Fever

Second (Immediate,) Congestive Chill

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 1st 1886

Undertaker, F. Lewis Schaefer.

Place of Business, 109 N. Fremont St. *Address* 82 Columbia Ave.

F Edward Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95162 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT
SEP 30
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 29/1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Leckner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* / *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life,

Place of Death, {Give Street and Number.} 58 Stockton st.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Enteritis

Duration of Last Sickness, 3 Mths

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 30th 1886

Undertaker, J E Mongh & Co

Place of Business, 298 Penn Ave *Address,* 515 Penna Ave

W Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95163 *Office of Registrar of Vital Statistics,* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 1 1886
BALTIMORE MD.

CERTIFICATE OF DEATH. C

Date of Death, September 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna J Wilkerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 154 Bank Street

Cause of Death, First (Primary), Bilous Remittent Fever

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 1st 86

Undertaker, Wm S. Fry

Place of Business, 71 N Broadway *Address,* 1202 N Broadway

Wm. C. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

6?

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, September 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cordelia J. Sanders

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 N. Wolfe st

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. J. Gross. *M. D.*

Date of Burial, Oct 3d 86 *Medical Attendant.*

Undertaker, Wm S Fry

Place of Business, 81½ Broadway *Address* 13½ Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95765 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schildwachter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} Burke Sr below Monument Sr

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Octo 1 / 1886

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* 243 Alice Anne

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95166 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eunice Roth

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balto.~~ V

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 89 Fawn St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, Oct 1st 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

Erwin F. Ward M. D.
Medical Attendant.

Address, 208 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9516 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 30/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Henrike

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 409 Cook Ave

Cause of Death, First (Primary),

Second (Immediate), Dentitis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem.

Date of Burial, Oct 1th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 15 [illegible]

Jno D Blake *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95768 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Oct 1. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Agnes Wesley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mem Cathedral

Date of Burial, Oct 1st 1886

Undertaker, Geo. Ricchard

Place of Business, Health Office *Address,* 127 St Paul

Thos. J. Warren M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95169 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give Street and Number.} Mulberry & E. of Caroline

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate),

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 2 86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto. *Address,* 202 N. Caroline

John [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95170. *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT OCT 1896 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stansbury

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give Street and Number.} 193 West Pratt St.

Cause of Death, {First (Primary), Cerebral Embolism

Second (Immediate), Apoplexy

Duration of Last Sickness, 24 hr.

All the above information should be furnished by the Physician.

Place of Burial, Westorn C

Date of Burial, Oct 1st

Undertaker, B Gilbert

Place of Business, 82 West Pratt St

R St P Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95171 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 30 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M Mary Doran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 36 Hillen

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, a few Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem

Date of Burial, Oct 1st 1886

Undertaker, John J Andrews

Place of Business, No 816 Druid Hill Ave

C B Gantz M. D.
Medical Attendant.

Address, 19 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95172 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE
OCT 1 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 30, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Stahl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Würtemberg, Germany.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} 2 Winterling's Ct. near Madeira & Canton ave

Cause of Death, First (Primary), (

Second (Immediate) Malarial Fever & Miscarriage.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, Oct 2nd 1886

Undertaker, Leonhard Pitz.

Place of Business, 131 S. Broadway

A. J. Gouverneur M. D.
Medical Attendant.

Address, 76 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95773 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbra Etter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, General Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 2 McDermotts Court

Cause of Death, First (Primary), Asthma

Second (Immediate), Adynamia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2 1886.

Undertaker Jos. Geerdens

Place of Business, 59 N. Schroeder St *Address,* 1102 "88" E Baltimore

Abr. Pr. Sherfey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95774 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 30. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jedithan Fowle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Woburn, Mass.

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Traumatic pleurisy fracture rib

Second (Immediate), Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Woburn Mass

Date of Burial, Oct 1st, 1896

Undertaker, F. Lewis Delaplaine

Place of Business, 109 N Fremont *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95175 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 1 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Sept 30. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Honey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Plasterer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 62 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 2d 1886

Undertaker, F. Lewis Schafer

Place of Business, 109 N Howard

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95176 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept 30th — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, — — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} No 11 Grindle Court

Cause of Death, First (Primary), Dystocia (Rupture of Uterus

Second (Immediate), Internal Haemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 2

Undertaker, H Rolls

Place of Business, 95 Lombard St

Geo A Straus M. D.
Medical Attendant.

Address, 226 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9817 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 89 Mosher alley.

Cause of Death, First (Primary),

Second (Immediate), Cholera Inf. and Peritonitis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Stark St

Date of Burial, Oct 2nd 1886

Undertaker, Alex. Hensley

Place of Business, 116 Orchard

Geo. Tommey M. D.
Medical Attendant.

Address, 832 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95778 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 283 Mulberry St

Cause of Death, First (Primary), Enterocolitis

Second (Immediate), Inanition

Duration of Last Sickness, 5 or 6 wks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 2nd 1886

Undertaker, M. Cadigan

Place of Business, 227 Mulberry St *Address,* 23 Edmondson Ave

D. F. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9579 *Office of Registrar of Vital Statistics.* Ward 20 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 30/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Francis Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* — *Days*

Color,

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 17 Little Pie St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 3rd 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry *Address,* 47 Edmondson Ave

Jas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95780 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hobbs.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, Abt 35 years

Place of Death, {Give Street and Number.} 338 N. Fremont St.

Cause of Death, First (Primary), } Cerebral Apoplexy.
Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 2nd 1886

E. M. Reid M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business 35 Park Ave *Address,* 243 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95781 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30 September 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Shipley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 8 *Months,* *Days*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} (new N.) 122 S. Calhoun

Cause of Death, First (Primary), Old age

Second (Immediate), apoplexy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Balto Co

Date of Burial, Oct 22 1886

Undertaker, John J. Andrews

Place of Business, 504 & 506 Druid Hill Ave now 607 & 609

John Hood M. D.
Medical Attendant.

Address, 1403 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95182 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Edward and Maggie Sabaka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hrs *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. W. Cor Bond & Lombard

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} N.W. Cor Bond & Lombard

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Atrophy

Duration of Last Sickness, 3 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 2nd 1886

Undertaker, Henry Kotchell

Place of Business, 65 S Broadway *Address,* S.W. Cor Read

John E. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95183 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 12 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 90 Millington St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 2nd 1886

Undertaker, W. W. Madden

Place of Business, East St

J. C. Schwatka M. D.
Medical Attendant.

Address, Cor Bway & Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 2 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hartzfeld

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 Park Ave.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) ...

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2 1902

James A Scully M.D.
Medical Attendant.

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,* 419 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95185 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co, Md.

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 175 Hanover St

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 4th 1886

Undertaker, C.F. Brauer & Son

Place of Business, 209 Hanover *Address,* 33 Cannon

W. E. Lancy & Bartley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible], to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea[illegible], sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2

BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, October 1. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira Clarence Parker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. c

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N. W. Cor Calhoun & Patterson Ave

Cause of Death, First, (Primary.) Entero-Colitis. (Chr.)

Second, (Immediate,) Inanition

Duration of last Sickness, 4 Mos. ?

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 3rd 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St.

Alfred Kranstale M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th[illegible] duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, [illegible] furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate se[illegible] ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe[illegible] on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department. City of Baltimore.

Permit No. 9578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Burrow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Colrd *Years,* 10 *Months,* *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 419 E. Eutaw

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 3 1886

Undertaker, Frank Leach

Place of Business, 249 N. Durham *Address.* J. 20 S. Dwer M. D.

Medical Attendant.

Agent Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95158 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Gardner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 600 W. Baltimore Street

Cause of Death, First (Primary), ...

Second (Immediate), Enteric Febris

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cemetery

Date of Burial, Oct 3rd 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore

B. S. Tilcomb M. D.
Medical Attendant.

Address, 616 W. Balto. Str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rules as Below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 95789 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Wethekamm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 24 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give Street and Number.} 4 Vaca's Ct.

Cause of Death, First (Primary), measles

Second (Immediate), marasmus

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetry.

Date of Burial, Oct. 3d 1886 Wm Gonbel *M. D.*

Medical Attendant.

Undertaker, Ernst Schlomann

Place of Business, 623 Sharp St *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95190 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Pickett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give Street and Number.} 139 Columbia Ave

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Oct 3d 1886

Undertaker, J B Leverett

Place of Business, 707 W Balto

James H Hines M. D.

~~Medical Attendant.~~

Address, Long Green P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M. E. Roberts Asst. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95191 *Office of Registrar of Vital Statistics* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter C. Ogman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 One *Years,* Seven *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 19 mos

Place of Death, {Give Street and Number.} 126 Hughes St.

Cause of Death, First (Primary), Tabis Mesenterica

Second (Immediate),

Duration of Last Sickness, about 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Cedar hill cemetery

Date of Burial, Oct 3

Undertaker, michael Doyle

Place of Business, 200 S Chas St *Address,* 201 [illegible]

H. S. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95792 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER ~~CERTIFICATE~~

HEALTH DEPARTMENT, OCT 2 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Donnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} No. 191 E. Pleasant alley

Cause of Death, First (Primary), ...

Second (Immediate) Malarial Fever

Duration of Last Sickness 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Oct 4th 1886

Undertaker, M. Delaney

Place of Business, Fr. P. Ave. *Address,* .....

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95193 *Office of Registrar of Vital Statistics.* Ward 12 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Decourte

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Decourte

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 year 4 Mos

Place of Death, {Give street and number.} 31 Etting

Cause of death, First, (Primary,) Croup

Second, (Immediate,) asphyxia

Duration of Last Sickness, I saw the child 24 hours before death

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, October 3 1886

Undertaker, Martin Fahey

Place of Business, 128 Lombard

L. B. Pacetti M. D.,
Medical Attendant,

Address, 1124 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9519 *Office of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gross.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Colored.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} No. 3 Kimble alley.

Cause of Death, {First (Primary), ...
Second (Immediate), Cholera Infantum.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon (Cemetery)

Date of Burial, Oct 3rd 1886

Undertaker, Thos. H. Allen

Place of Business, 211 Fremont

J. G. McTolin M. D.
Medical Attendant.

Address, Fayette & Pacca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95795 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE MD.

CERTIFICATE OF DEATH. B

Date of Death, Oct 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Siemers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 258 S. Paca St

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 4" 1886

Undertaker, Wm. Pickrum

Place of Business, 65 E Eutaw St *Address,* 405 W Lombard

Wm. P. Wiley M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95796 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 2 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 11 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 44 Druid St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, oct 3th

Undertaker, Ittlin & Isaac

Place of Business, 313 S. Caroline St *Address,* 134 N Eutaw St

Samuel J Bolt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physician[illegible] the [illegible]vited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9597 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R Hellier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 352 N Fulton ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, Oct 4th 1886

Undertaker, Jos B Cook

Place of Business, 1707 W Baltimore St

James Bovley M. D.
Medical Attendant.

Address, 319 Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95798 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 2 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Eliza Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* — *Months,* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 144 Henrietta St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Harp & Calv

Date of Burial, Sept 3 /89

Undertaker, Chas Ross

Place of Business, Conway St — *Address,* Chas & Ross & C

James A Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Samuel A Blazett Supt

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 45199 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1886 BALTIMORE

Date of Death, Oct 1st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda Pollman.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, Colored.

~~*Married, Single, Widow or*~~ *Widower.* {Cross out the words not required in this line.} ✓

Occupation, Washer woman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester county Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} 47 Short St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 2 1886

Undertaker, William M. Dwyer

Place of Business, 62 East St

J E Heard, M. D.
Medical Attendant.

Address, 376 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Certificate.

Health Department, City of Baltimore.

Permit No. 95200 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT OCT 3 1886 BALTIMORE

Date of Death, October 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color, Black —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} rear 78 Dumas alley —

Cause of Death, First (Primary), Pertussis

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 4 months —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 1886

Undertaker, William H Engel

Place of Business, 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 9201 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, 17 Yrs.

Place of Death, {Give Street and Number.} 1 N. Stockton ally

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), —

Duration of Last Sickness, 2 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, Oct 2 1886

Undertaker, William A Dugee

Place of Business, 62 East St

H. N. Goodman M. D.
Medical Attendant.

Address, 1115 S Lombard St.

HEALTH DEPARTMENT OCT 3 1886 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9502 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura G. Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 3 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 176 N. Howard St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Harpers Ferry, W. Va.

Date of Burial, Oct 4th 1886

Undertaker, Jas R Leech

Place of Business, No 704 W Balto St *Address,* 38 W. Lombard St

H. L. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Family 4381

Board of Health, City of Baltimore, 1886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erastus J. Briscoe

~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 Years, Months, Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Emmitsburg Frederick Co Md 53 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 143½ Read St

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)}

Duration of Last Sickness, Twenty minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 4th 1886

{Undertaker, H. A. Bishop

{Place of Business, 97 Druid Hill Ave

Jas. L. McCormick M.D.
Medical Attendant.

Address 108 West Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

Permit No. 95204 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and Number.} 116 Pierce St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 3 1886

Undertaker, Robt Kennedy

Place of Business, 116 Orchard St

J. A. Gillis M. D.
Medical Attendant.

Address, 180 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The special ATTENTION of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 15205 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Topless

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 304 Greenmount Ave

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 4th 1886

Undertaker, H Widefield

Place of Business, Greenmount Ave *Address,* 283 N. Eden St

M. B. Billingslea M. D.
Preston nr. Wm Harford
Medical Attendant

for E. B. Tenby, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95206 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* 6 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 263 Orleans St

Cause of Death, First (Primary), Anemia

Second (Immediate),

Duration of Last Sickness, since it birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4/86

Undertaker, Chas S Butler

Place of Business, 132 N Carrollic St *Address,* 489 N. Central Ave.

Francis X. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 962 07 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly If an Infant not named, give names of parents.} Hattie Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} N 255 Orleans Street

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 4/86

Undertaker, Chas S Butler

Place of Business, 132 N Caroline St *Address,* 836 W Balto. Street

B. S. Silcott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95208 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bateman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 f *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 42 Stockton alley (Old No)

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 1886

Undertaker, William A Burgee

Place of Business, 62 East St

Truman F Hill M. D.
Medical Attendant.

Address, 42 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95209 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH

Date of Death, 10. 2. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Dorsey

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* ——— *Days.*

Color, cl

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 160 Pine

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St peters Cemetery

Date of Burial, Oct 4 1886

Undertaker, Wiliam A Dugee

Place of Business, 62 East st

Lewis M Eastman *M. D.*
Medical Attendant.

Address, 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95210 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Alexander

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bullo Ind.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 42 N. Eden St

Cause of Death, First (Primary), General Oedema

Second (Immediate), Old Age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Belair Harford Co

Date of Burial, October 5th 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

Francis N. Lauer M. D.
Medical Attendant.

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4384 Hanover

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93211 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10. 2. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7.5 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} House 1328 N. Stricker

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct 4/86

Undertaker, Henry L. Mitchell

Place of Business, 550 W Fayette

Lewis McCaslin M. D.
Medical Attendant.

Address, 824 Linden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95212 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Friday Oct. 1st. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 5 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give Street and Number.} 44 E. Chase St.

Cause of Death, First (Primary), Cancer of the Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct 4. 1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Hay.

Wilmer Brinton M. D.
Medical Attendant.

Address, Chase St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95213 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

15

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd " 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hawkesworth

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 9 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 8 mos -

Place of Death, {Give Street and Number.} 152 W. Biddle st

Cause of Death, First (Primary), Probably Congestion of the Brain -

Second (Immediate), ———

Duration of Last Sickness, One day -

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, Oct 4th 1886

Undertaker, H. H. Bishop

Place of Business, 97 Druid Hill Ave

Frank J Flannery M. D.
Coroner
Medical Attendant.

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4383 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9514 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie Youngmiller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 307 E Pratt St

Cause of Death, First (Primary), ...

Second (Immediate), Gastritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 4 86

Undertaker, W Dixon

Place of Business, 167 W Pratt *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules and Regulations printed on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9515 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenart Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 Months *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Lyon St No 15 (131 Fleet)

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Oct 4th 1886

Undertaker, Peter Frey

Place of Business, #91 Eastern Ave.

John A Lehnert M. D.
Medical Attendant.

Address, N E Cor Lombard & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95216 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Brokel.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* 21 *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give Street and Number.} 534 Druid Hill Ave.

Cause of Death, First (Primary), Stomach Colic 5th Month. Child.

Second (Immediate), Convulsions & Exhaustion.

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 4th 1886

Undertaker, Ph. Secrald

Place of Business, 35 S Eutaw St *Address,* 275 Lexington St

John L. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95217 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* ..... *Months,* ..... *Days*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 109 S. Gilmor St

Cause of Death, First (Primary).. old age

Second (Immediate), Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Catherals

Date of Burial, Oct. 6th 86

Undertaker, M Corrigan

Jas. E. Gibbons M. D.
Medical Attendant.

Place of Business, 327 Mulberry St *Address,* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95218 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McKenna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 38 Ramsey

Cause of Death, First (Primary), Dr ph theria

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 4th 86

Undertaker, M. Cadogan

Place of Business, 227 Fulton St *Address,* 283 N Carey

Edw'd F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95219 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, October 3d.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie E. Quinn.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ——— *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 134 (old number) S. Bennett Pl.

Cause of Death, First (Primary), Inflammation of bowels.

Second (Immediate), ———

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, October 4

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Wm. R. Udenden M. D.
Medical Attendant.

Address, Cor. Bennett & Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95220 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 3 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Schuman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 45 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 320 S Caroline st

Cause of Death, { First (Primary), ... Second (Immediate), Cholera Infantum

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, October 5/96

{ *Undertaker,* Michael Funk

{ *Place of Business,* 3 E Baltimore

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Last of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95241 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Doerfler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 63 *Years,* 7 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 2 years 3 months

Place of Death, {Give Street and Number.} 123 (New) S. Wolfe st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct 4th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts

L. G. Dausch *M. D.*
Medical Attendant.

Address, 1727 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95222 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

14

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sandy Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Hostler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Mt. Gen'l Hospital, 2200 Linden Ave

Cause of Death, First (Primary), Chron. Bright's Disease + Hydrothorax

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Pur. Cemetery

Date of Burial, Oct 4th 1886

Undertaker, F. A. Kershner

Place of Business, Health Office *Address,* Mt. Gen'l Hospital

Robt. H. Boyd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95223 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the prevention of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, oct. 3rd. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co, Md.

Duration of Residence in the City of Baltimore, 19yrs.

Place of Death, {Give Street and Number.} 40 Clay st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), general debility

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Catherd Cemetery

Date of Burial, oct 24th 1886

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry st *Address,* 279 W. Fayette st.

J. H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95224 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE MD.

24

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Turner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 17 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D. C

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} House of Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct. 5/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St *Address,*

Edw F. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95225 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 287 Rahway Alley

Cause of Death, First (Primary), Pertussis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 4th 1886

Undertaker, Wm P Dunges

Place of Business, 62 East Pratt St

J. M. Handley M. D.
Medical Attendant.

Address, 22 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95226 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilcox Donnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 513 Pat. Park Ave.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Dysentery

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, October 5 1886

Undertaker, Wm Sander Son

Place of Business, 1708 1/2 Eutaw st *Address,*

J. H. Cordenberg *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 95227 Office of Registrar of Vital Statistics. Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Carter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Blk

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 24 Yrs

Place of Death, {Give street and Number.} Baltimore University Hospital

Cause of Death, First (Primary), Phlegmasia Endocardialis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 4th 1886

Undertaker Geo. Rinehart

Place of Business, Health Office

J. T. Goodman M. D.
Medical Attendant.

Address 1512 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9328 *Office of Registrar of Vital Statistics* Ward 5

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct - 4 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nil.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton - (Md)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 428 Chestnut (h-h)

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, 6th October 1886

Undertaker, Jas P Byrne

Place of Business, 63 Penna

D. Smith M. D.
Medical Attendant.

Address, 143 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 95229 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 4 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, October 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hodscheck

~~*Sex.*~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia Five years

Duration of Residence in the City of Baltimore, Hebrew Hospital

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Coma

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, October 4th 1886

Undertaker, Evans & Spence

Place of Business, 100 S. Bacon St. Address, Co. Caroline & Eager Sts.

Jos. M. Seidner M. D.,
B. A. Bondy Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9530 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 3 October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Winkler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 1 *Years,* 11 *Months,* 14 *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} E Lombard St 114

Cause of Death, First (Primary), Diphtheritic croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, H. A Gulonneau Cemetery

Date of Burial, 5 October 1886

Undertaker, Evans & Spunes

Place of Business, 1000 E Balto Street

Dr J Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95231 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B Webb

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 80 S Dallas St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Oct 4 1886

Undertaker W W Madden

Place of Business, 4 East St *Address,* Saml A Colegate

Samuel A Steuart M. D.
Medical Attendant.

Surgeon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95232 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 REGISTERED BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Fahey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} ♀

Age, 17 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} S

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 - Woody ave 81 -

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 6 - days 18

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 5th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* Patterson Av & Cary St

H G Hines M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. 95233 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis W. Potts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 503 N. Schroeder St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Meningetis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 6th 1886

Undertaker H. Lewis Selenfer

Place of Business, 109 N Fremont St *Address* 23 Edmondson Ave & 19 Fremont

W. F. Hill & J. H. Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 95234 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 3rd. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 705 S. Eden Street

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis -

Duration of Last Sickness, 6 or 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct. 6. 1886

Undertaker, M. A. Daigh

Place of Business, 94 S. Bway

N. L. Dashiell. M. D.,
Medical Attendant.

Address, 700 S. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95235 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ballayer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give Street and Number.} 48 N. Exeter St

Cause of Death, First (Primary), Paralysis,

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 5 1886

Undertaker, James D Byrne

Place of Business, No 63 Light Street *Address,* 73 E Baltimore St

J. W. Hinck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95236 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Orf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12 S Vincent alley

Cause of Death, First (Primary), Whooping Cough & Teething

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 5 1886

James Bosley M. D.
Medical Attendant.

Undertaker, J. L. P. Smith

Place of Business, 66 Hud. St. *Address,* 319 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95237 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlot Hopkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years.* — *Months,* — *Days*

Color, Black

~~*Married*~~, *Single*, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 41 Parish St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 5 1886

Undertaker, Hercules Ross

Place of Business, 95 Centre St

A. Kimmel Stamer M. D.
Medical Attendant.

Address, 65 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95238

Office of Registrar of Vital Statistics.

Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, Feb 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roy Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Sassafras St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Sepsis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 6 1886

Undertaker, Henry Hess

Place of Business, 192 Shell St

W. A. Barclay M. D.
Medical Attendant.

Address, 33 Cornwall St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95239 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 4th Oct. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel E. Patterson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 492 W. Balt. St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 492 W. Balt St.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 5th 1886

Undertaker, F. Lewis Schaefer

Place of Business 109 N. Fremont St *Address,* 1403 W. Fayette St

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95240

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Jane Carney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} U. S. Depletus

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Oct 6th

Undertaker, J J Cowan

Place of Business, 89 Collins Ave

Medical Attendant. Edwd F. Mickolean M. D.

Address, 283 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95241 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Krein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 15 Wilcox St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alpha Cem. Co.

Date of Burial, Oct 6th 886

E. B. Feuby M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 369 N. Caroline *Address,* 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95242 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 BALTIMORE, MD

CERTIFICATE OF DEATH.

a

Date of Death, Oct 4 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Herman Lindenmeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 22 Ohio ave

Cause of Death, First (Primary), Unknown. (Natural Causes)

Second (Immediate),

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 5th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Geo A Strauss M. D.
Medical Attendant.

Address, 226 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 95243 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 5 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph S. Winters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 126 Cross st -

Cause of Death, First (Primary), Accidentally Smothered by

Second (Immediate), turning in its face in the bed -

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, Oct. 5th 86

Undertaker, B. Earle

Place of Business, 82 West 7th

Frank J Flanner M. D

Coroner

~~Medical Attendant~~

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9324 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 30 Barney St

Cause of Death, First (Primary), Congestive Chill

Second (Immediate),

Duration of Last Sickness. 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 6th

Undertaker, B. Hearle

Place of Business, 82 West St

D. A. Cooke M. D.
Medical Attendant.

Address, 100 Fawn st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95245 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3 October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Brehm

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria – 40 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} German home for the aged W Baltimore Street

Cause of Death, First (Primary), Apoplexie

Second (Immediate), ———

Duration of Last Sickness, Died suddenly

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct 6th 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

A F Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95246 *Office of Registrar of Vital Statistics.* Ward 12 U

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilson

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, abt 80 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, abt Twenty years

Place of Death, {Give Street and Number.} 199 Druid Hill Ave.

Cause of Death, First (Primary), Malaria

Second (Immediate), Congestive Chills.

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 6th 1886

Undertaker, Stewart & Mowen

Place of Business, 357 Park

R. Winslow M. D.
Medical Attendant.

Address, 1008 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95247 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adela Marks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia 242 ~~Mulberry~~

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} 242 Mulberry

Cause of Death, First (Primary), Paralysis of the heart

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Fell's Pt Meb- Philadelphia Road

Date of Burial, Oct 8th 2 30

Undertaker, D. E. Sondheim

Place of Business, 120 N. Eut St *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95248 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Prion

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 140 Hanover St

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Oct 6, 86

Undertaker, Felix Brosnan

Place of Business, 258 & 260 Aisquith St *Address* 108 Canton Ave

E H Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95249 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bollmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 128 E. Fayette

Cause of Death, First (Primary), Carcinoma hepatis

Second (Immediate), Cholaemia, marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 6th 1886

Undertaker, H. C. Sanders Son

Place of Business, 910 Eastern Av *Address,* 47 S Amer

Thos. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95257 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlob Jr. Stattes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* One *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Esslingen, Wurtemberg Germany 5 yrs.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} No 19 Bradford av

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Collapse

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelical cem

Date of Burial, Oct 5th 1886

Undertaker, H. C. Sanders Jr

Place of Business, 710 Canton av

L Oldinwitz M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76251 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Lonei

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* ~~—~~ *Months,* 2 hours *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 323 S Howard St

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 5 1886

Undertaker, Bernard Clark

Place of Business, 89 West St *Address,* Camp & Pr

Jas A Lucas M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ne can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

H & Seward S. P.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95252 *Office of Registrar of Vital Statistics.* Ward 14 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Henson Col, name of Mother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bowers' Court No 15 Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bowers Court No 15 –

Cause of Death, First (Primary),

Second (Immediate), Pharyngitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 5, 86

Undertaker, Jno W. A Kuchne

Place of Business, Health Office *Address,*

L. L. Sparrow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9525 3 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

24

CERTIFICATE OF DEATH.

Date of Death, Oct 3 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P. Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 5, 86

Undertaker, Fred'k C. Keerl

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95254 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hildebrand
Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 630 Aisquith St

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 6th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 53 Eden St

E. J. Cummins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95755 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hysell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] one hour *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} 260 E. Pratt St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Marasmus Diarr

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 6th 86

Undertaker, G. Thanes

Place of Business, Bank & Wolfe Sts. *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Health Department, City of Baltimore.

Permit No. 95256 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE

CERTIFICATE OF DEATH. C

Date of Death, Oct. 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Mc Namara

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 206 Light St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, Oct 5

Undertaker, B. Healy

Place of Business, 62 West St

Wm Gomel *M. D.*
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

Health Department, City of Baltimore.

Permit No. 9527 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the ~~presentation of~~ this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Octob 5 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa a Knapp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 8 *Months,* 7 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 33 Holliday st.

Cause of Death, First (Primary), Cancer Stomach

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bell's cemetery

Date of Burial, Oct 7 1886

Undertaker, John W Jacobs

Place of Business, 92 E Pratt *Address,* 238 Madison Ave

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sarcoma

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25258 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

CERTIFICATE OF DEATH.

Date of Death, October 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Hall

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Was Known

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Paralysis

Second (Immediate), Asthenia.

Duration of Last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Oct 6 1886

Undertaker, John W Jackson

Place of Business, City & Church Address, 14 S. Eastern Avenue

T. J. Mc. Mennamin M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Rules as below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 95259 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Hobert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months.* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 106 Hanover st

Cause of Death, First (Primary), Cardiac Asthenia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct. 6. 86

Undertaker, Lenhard Burns

Place of Business, No. 277 S. Broadway *Address.*

E. Jorlemann M. D.
Medical Attendant.
33 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95260 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wogler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 3 *Months,* *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49 Clay St

Cause of Death, First (Primary), Louse Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 6 the

Undertaker, Andrew Robb

Place of Business, 48 Penna Ave

Chas. M. Fuller M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95261 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 4 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liza M. Price

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 38 Millman St.

Cause of Death, First (Primary), Acute Congestion (Heart Disease)

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 6 / 86

J. W. Chambers M. D.
Medical Attendant.

Undertaker, H. C. Windefeld

Place of Business, 100 Gruman'e Ave *Address,* 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95262 — *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Hays

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days*

Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give Street and Number.} 97 Calhoun St

Cause of Death, First (Primary), Heart disease with Endocarditis & general anasarca lesions

Second (Immediate), Congestion & oedema of lungs

Duration of Last Sickness, For 8 mos I have attended since Aug 22nd/86

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 86

Undertaker, Alex Kennedy

Place of Business, Hackard's

Jno. L. Day, M. D.
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95263 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 5 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. McGraw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 185 N. Calvert

Cause of Death, First (Primary), Concussion of brain

Second (Immediate), Effusion & Coma

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 6

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 171 N Calvert St

Geo. J. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1886

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95264 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 4 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Newman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} P. J. George's packing-house, Hargrove Alley near Canton St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, Few moments

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, Oct 6 1886

Undertaker, Jas O Byrne

Place of Business, 63 Hunt

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 93263 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Whiteford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 684 W Pratt St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 6th 1886

Undertaker, L. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address.* 319 Hallins St

James Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95266 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, October 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Osborn.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Boatman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 127 Thames Street

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} corner Thames St and Ann St Maryland

Cause of Death, First (Primary), Asthma

Second (Immediate), Pulmonary Disease of Heart

Duration of Last Sickness, about Three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Oct 6th 87

Undertaker, John C Schaub

Place of Business, 265 Aliceanna *Address,* 101 N Broadway

Medical Attendant. Hall Russell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited [illegible]

Health Department, City of Baltimore.

Permit No. 95267 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 5th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes C. Ingram

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. C

V

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 266. Mc Henry St.

Cause of Death, First (Primary), Paralysis.

Second (Immediate),

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 6th 1886

Undertaker, Wm B Cook

Place of Business, 1707 N Baltimore St

Thomas F Kelly M. D.
Medical Attendant.

Address, 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95268 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mag Spencer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* Two *Months,* 0 *Days.*

Color, Light copper

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ~~Single~~

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Two Month

Place of Death, {Give Street and Number.} No 22 Clinton ave cor Chestnut alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Marasmus

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem.

Date of Burial, Oct 6th 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,* cor Mulberry & Green

Benj F Botts **M. D.**
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25267 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH

Date of Death, Oct 5" 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Fleming

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 25 Centre St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 6" 86

Undertaker, Mr A Tiedeleben

Place of Business, Cremmuring *Address,* Canton & R

Jas A Clemens M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

L. D. Fitzpatrick
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 95270 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Rheinhardt
Lizzy L. Rheinhardt

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} ~~M~~ Female

Age, About 20 ~~Months~~ Years, ... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 662 Druid Hill Ave

Cause of Death, First (Primary), Craniotomy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 5th 1886

Undertaker, Jos B Cook

Place of Business, North & Baltimore

Rob't K Kinear M. D.
Medical Attendant.

Address, 534 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95271 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

So called Madiera and Cornish Negro
was exhumed from Potter's field
it is about the 4th time she died

CERTIFICATE OF DEATH. B

Date of Death, October 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Talbert Hewson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1104 Elbow Lane

Cause of Death, First (Primary), Hemorrhage Post Partem

Second (Immediate), Exhaustion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 6 1886

Undertaker, W. Thos.

Place of Business, 109 Howard St

Jno. Blum M. D.
Medical Attendant.

Address, 76 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95272 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. B

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Browne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Always Resided

Place of Death, {Give Street and Number.} 81 Leadenhall St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 6 1886

Undertaker, S. I. Chase

Place of Business, 19 Hanover St

W. T. Smith M. D.

Medical Attendant.

Address, 201 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95273 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, October 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Gungel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 32 *Years,* 1 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, Tailoress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} 96 S. Castle st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 7th 86

Undertaker, G. Frazer

Place of Business, Bamp & Wolfe *Address,* 1727 E. Baltimore st

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95274 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Cronin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 4 Constitution St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 6th 1886

Undertaker, Chas T Scriven

Place of Business, 271 W Eutaw St *Address,*

Wm. Brooke Bayly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95275 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1886 REGISTERED

a

CERTIFICATE OF DEATH.

Date of Death, October 6 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Fransecka Crum

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 41 Allendale St.

Cause of Death, First (Primary), Trismus Neonatorum

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Oct 7th 1886

Undertaker, Evans & Spence

Place of Business, 1100 E Balto St

F. F. Moyer M. D.
Medical Attendant.

Address, 1 St Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95276 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 6 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Octr. 5 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Fulton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} 49 Ettin

Cause of Death, First (Primary), Teething

Second (Immediate), Diarrhoea

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7th 1886

Undertaker Martin, Fahey

Place of Business, 128 Ironand 24

J. H. Chrisfield M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9527 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A W Reaves

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Photographer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 147 E. Balto St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Malarial Fever Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 7th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway *Address,* 221 E Baltimore

J Ridgway Porter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95278 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Colehus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 Months, 14 Days.

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 70 Elbow Lane

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 1886

Undertaker Saml W. Chase

Place of Business, S. Howard & Pratt *Address* Commissioners of Health Registrar

Thomas A Shaw M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John McDe Goey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95279 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margret Dempsey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 44 Hillman St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cem

Date of Burial, Oct 7th 1886

Undertaker, Evans & Spence

Place of Business, 10 E Baltimore St *Address,*

Jno Brooke Boyce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95280 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Brooks

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ 10 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 Cross Alley

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Oct 6, 86

Undertaker, H A Kershner

Place of Business, Health Office *Address,* Eutaw & R

Thomas A Shearer M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. E. Roberts Asst. Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95281 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Ff

CERTIFICATE OF DEATH.

Date of Death, Oct. 6 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how loog in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Oct. 6, 1886

Undertaker, John Mathiesen

Place of Business, Division St. *Address,* Harlem ave & Calhoun.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95282 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frank Frackemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — 1 *Years,* — 1 *Months,* — 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 489 Harford ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 7th 1886

Undertaker, A. Frank & Son

Place of Business, 461 Hanover St

E. B. Feuby, M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95283 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Riggan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac C. Va

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 448 Mountain

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Md.

Date of Burial. Oct 8th 1886

Undertaker, Armstrong Denny

Place of Business, 963 Light

H. W. Webster M. D.,
Medical Attendant.

Address, 101 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4385 Frank

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95284.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 Inwoods Alley

Cause of Death, First, (Primary,) Chol Infantum

Second, (Immediate,) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 7th 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard

Edw Janney M. D.
Medical Attendant.

Address, 58 N. Green St
Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9 5 2 8 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 5 2 8 5 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 191 N Biddle

Cause of Death, First (Primary), Malarial Fever.

Second (Immediate), Asthenia & Albuminuria

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 7 86

Undertaker, Chas T Scriven

Place of Business, 27 N Eutaw *Address,* 114 Park

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 95286 *Office of Registrar of Vital Statistics.* Ward 3 a 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 6 1886 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, Oct-4/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Currey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death. {Give street and Number.} 98 S. Spring St— (near # 217)

Cause of Death. First (Primary), Enteric Fever.

Second (Immediate),

Duration of Last Sickness. Ten days.

All the above information should be furnished by the Physician.

Place of Burial, E-Public Cemetery

Date of Burial, Oct 7th 1886

Undertaker Geo. Rinehart

Place of Business, Health Office

Aspen Whitehead M.D.
Medical Attendant.

Address, Baltimore Univ: Hosp:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9528 7 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, {Give Street and Number.} No. 206 Chestnut St.

Cause of Death, First (Primary), Valvular disease of heart (mostly mitral valve)

Second (Immediate), —

Duration of Last Sickness, 4 – 5 mos, but died suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Oct 7, 1886

Undertaker, Henry McGinnis,

Place of Business, 84 Central Ave

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner's

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95288 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 7 1886 BALTIMORE

Date of Death, Oct 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine O. Brady

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 218 Harford ave.

Cause of Death, First (Primary), Old Age

Second (Immediate), Debility

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cy

Date of Burial, Oct 7 1886

Undertaker, Jas O'Byrne

Place of Business, 68 Fremont *Address,* 1201 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95289 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Kupferschalz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Upholsterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 287 N. Sallie

Cause of Death, First (Primary), ~~Phthisis~~

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 8

Undertaker, Jos. Goodens & Son

Place of Business, 59 N. Schroeder St *Address,* 439 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7

Permit No. 95290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Marie De Mauzin de Lisle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Eighty *Years,* ~~~ *Months,* ~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number} 295 Aisquith St

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Debility

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Friday Oct 8th /86

N. Caldwell Ireland M. D.
Medical Attendant.

Undertaker, Henry W. Meanes

Place of Business, 22 W. Fayette St *Address,* 258 N. Howard St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95291 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lee Entrikin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 640 Augusta St

Cause of Death, First (Primary), Pseudo-Membranous Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Oct 8th 1886

Undertaker, Henry H. Mears

Place of Business, 22 W. Fayette St

G. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4386 Transit (Not Contagious) [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95292 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th. October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth. Winter

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mannsgereuth, Bavary, Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give Street and Number.} S. Bethel str. 168

Cause of Death, First (Primary), Hernia incarcerata

Second (Immediate), Gangrena Intestinor.

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 7 1886

Undertaker, H. Lander Fryer

Place of Business, 1708.1710 Eastern Ave *Address,* S. Wolfe str. 318

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95293 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ... Balto

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 55 Leadenhall St.

Cause of Death, First (Primary), Hydrocephalus.

Second (Immediate), Asthenia.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1886

Undertaker, Hercules Hess

Place of Business, 45 Courtland St

Wm S. Booze M. D.
Medical Attendant.

Address, 177 Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95294 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Wednesday Oct. 6th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Roach.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #3, E. Preston St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 8th 1886

Undertaker, McCaddan

Place of Business, 227 Mulberry St. *Address,* Chas St & Fayette

Wilmer Brito M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 7
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 322. Lanvale st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Oct 9th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry st

J. H. Kurtman M. D.
Medical Attendant.

Address 44. Franklin
New No. 5 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95296 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death, [redacted] Oct- 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hensley

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~*Widower,*~~ {Cross out the words not required in this line.} Widower

Occupation, Caulker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give Street and Number.} E Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1886

Undertaker, Alex Hensley

Place of Business, 561 Orchard *Address,* [redacted]

[redacted] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95297 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ginnie Lohman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 11 Bruce St

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 7th 1886

Undertaker, William M. Burgee

Place of Business, 62 East St

H. Schleiman M. D.
Medical Attendant.

Address, 203 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95298 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Jane Craig

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 804 Hanover Cor. Ll

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate), " "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 8th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Howard *Address,* 87 N. Paca St

J. C. Hemmeter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95299 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Ambrosses

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, Blo

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 1007 S. Howard

Cause of Death, First (Primary), Pistol shot in left side

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9 1886

Undertaker, Herbert & Sons

Place of Business, 2 E Eutaw St

R. H. P. Ellis M. D.
Medical Attendant.

Address, 915 Light St

Over

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 95300, *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ray (mother)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 5 minutes *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 80 Perry alley

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and Number.} 80 Perry alley (Peard)

Cause of Death,
First, (Primary,) Not known
Second, (Immediate,) Premature birth (6 months, in utero)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Oct 7 1886

Undertaker, Hercules Rose

Place of Business, 64 Canton St

J. A. Gillis M. D.
Medical Attendant.

Address, 182 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

No. 95301

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95301 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abbie C Spencer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 3 *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 217 Bolton St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), "

Duration of Last Sickness, About 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 9th 1886

Undertaker, John J Andrews

Place of Business, 1647 Druid Hill Ave

Rec'd Oct 7 & 1886

E & Price & Son M. D.

Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 95305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VASSEAU. Friends and relatives of the family, also the Police Force of the 20th ward, are respectfully invited to attend the funeral of Pedro Vasseau, from his late residence, 129 North Carey street, this Friday, at 2 o'clock, interment at Loudon Park.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1886 (Pedro Vasseau)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Vermuche

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 129 North Carey st

Cause of Death, {First, (Primary.) Hemorrhage from Lungs
Second, (Immediate,)

Duration of last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct 8/86

Undertaker, J. B. Coale

Place of Business, 1003 W. Balto st

C. M. Lee
Medical Attendant

Address, 122 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95303 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Fix

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ~~7~~ 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 Browns Lane

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 8th/86

Undertaker, J. L. Pentz

Place of Business, 1. C. Fred. Ave

Robt K Kuan M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95304 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harrison Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and ~~how long in the United States,~~ if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 328 Hedsard St

Cause of Death, First (Primary), Cancer of the Liver

Second (Immediate), " "

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 10th 1886

Undertaker, H. C. Wiedefeld J. C. Hammer M. D.
Medical Attendant.

Place of Business, 100 Greenmount Ave *Address,* 87 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 95305 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Octr. 6th 1886.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Orville Brown

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 10 *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 9 Months & 10 days

Place of Death, {Give street and Number.} 430 Lavish Alley

Cause of Death, First (Primary). Inanition

Second (Immediate).

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 8th 1886

Undertaker Alex Kennedy

Place of Business, 116 Orchard

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95306 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE OCT 8 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate M. Baum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 6 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 102 E. Caroline

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 10th 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline *Address,* 77 E. Pratt St.

Geo. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore.

Permit No. 95307 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 8
BALTIMORE, MD.

B

CERTIFICATE OF DEATH

Date of Death, 7th Oct

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Iron worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 422 S. Eutaw st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two years

the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Oct 10th 1886

H. H. Hebb M. D.
Medical Attendant.

Undertaker A Rohde

Place of Business, 48 Penna ave and *Address,* 101 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 95308 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death. Oct 6th 86

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bringer

Sex, ~~Male~~ *or Female.* { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the word not required in this line, }

Occupation Housemaid

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death. { Give street and Number. } Baltimore University Hospital

Cause of Death. First (Primary). Tuberculosis of Lungs

Second (Immediate). Exhaustion

Duration of Last Sickness. 3 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 8 1886

Undertaker Geo. Ruehaf

Place of Business, Health Office *Address,* 1812 E. Baltimore

J. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95309 *Office of Registrar of Vital Statistics.* Ward 5 — 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Grobish

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give Street and Number.} 155 Sterling St.

Cause of Death, First (Primary), Valvular Dis. of Heart.

Second (Immediate), Heart Failure

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 9th 1886

Undertaker, Henry Hack

Place of Business, 369 N Eutaw

H. L. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 95310 *Office of Registrar of Vital Statistics,* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Morris

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and Number.} 216 S. Sharp St.

Cause of Death, First (Primary), Aortic insufficiency

Second (Immediate), Syncope

Duration of Last Sickness, 4 days.

the above info mation should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 8th 1886

Undertaker Chas T Scriven

Place of Business No 911 N Eutaw St *Address,* 82 Franklin St.

Christobbe Johnston Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95311 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 783 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Acute Gastritis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran St cemetery

Date of Burial, Oct 9 1886

Undertaker, H. Ross

Place of Business, 95 Conway *Address,* 685 Hanover St

J. W. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9532 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Schell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* 3 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, child

Birth Place, {State or country, and how long in the United States, If of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 550 Hanover st

Cause of Death, First (Primary), Bronchitis (3)

Second (Immediate), asthenia

Duration of Last Sickness, 4 dys

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 9th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 403 N. Eutaw (9.4)

D. Stull *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95313 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 6th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Brogan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 294 Cross St.

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 8th 1886

Undertaker, C. F. Krauseden

Place of Business, 209 W Camden

Thos. H. Smith M. D.
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95314 *Office of Registrar of Vital Statistics.* Ward 12 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Oct 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. N. Holloway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 505 N Lanvale

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions + asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 9 - 86

Undertaker, Henry S Miltenberger

Place of Business, 520 W Fayette *Address,* 114 Park

F. E. Shatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 95315 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, October 7th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Bridges

~~Sex,~~ *Male ~~or Female~~,* {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* 4 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Binder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 225 (old Number) N. Fontand St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Typhoid fever

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 10/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balt *Address,*

J. G. Guthmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseas[illegible] on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95316 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Bayer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give Street and Number.} 30 Carroll Street

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, Filicy for the last year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ce

Date of Burial, Oct. 10/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. *Address,* 1209 N. Fayette St.

J. D. Morris *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93317 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret McCullough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Home wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} No 56 (old) N Bond St.

Cause of Death, First (Primary), Chronic Pleuritis &c.

Second (Immediate),

Duration of Last Sickness, About 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 11/86

Undertaker, Chas J Devine

Place of Business, 911 S Eutaw *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95318 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Chandler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Died, Life

Place of Death, {Give Street and Number.} 16 Hull st

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Emaciation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 9th

Undertaker, B Harle

Place of Business, 82 West [illegible] *Address,* 110 Fort Ave

O. A. Cooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95319 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, October 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert T. Baldwin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 3 *Months,* 23 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, President Mechanics Bank

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Campbell Co Virginia

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give Street and Number.} 335 Madison Av

Cause of Death, First (Primary), Disease of Bladder & prostate Gland

Second (Immediate), Septicaemia

Duration of Last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greene Mount

Date of Burial, 9th Oct. 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga, *Address,* 307 Madison Av

I. B. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 14

Permit No. 9532D *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J Mc Gibbon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 405 S. Parish alley

Cause of Death, First (Primary), —

Second (Immediate), Old age

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 9th 1886

Undertaker, J B Leork

Place of Business, 1003 W Balto St *Address,* Camp 26 & 12

J M Kline M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

J H E Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95321 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, 8th. October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Ruth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, {Give Street and Number.} S. Washington Av. 88.

Cause of Death, First (Primary), Marasmus senilis

Second (Immediate),

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 10th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* S. Wolfe 318.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95322 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BOARD OF HEALTH BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 27 O'Donnell St

Cause of Death, First (Primary), —

Second (Immediate), Hemorrhage from Umbilicus during Life

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 9th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts. *Address,* 513 Eleventh St.

E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95323 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Ward

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 10 *Days*

Color, Black.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} H Pinkney alley

Cause of Death, First (Primary), Abdominal Tuberculosis Post mortem

Second (Immediate), Rupture of the Spleen

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 9 1886.

Undertaker, H. Ross

Place of Business, 45 Eden Mkt

Spencer H Fine M. D.
Medical Attendant.

Polyclinic
112 Hanover St

Address, 1528 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95324 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest W. Luke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany V

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give Street and Number.} 23 Goodmans al

Cause of Death, First (Primary), ,

Second (Immediate), Remittent Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 10 th 1886

Undertaker, Julius C Koehler

Place of Business, Sharp & Cross Sts

R. C. Lee & M. D.
Medical Attendant.

Address, Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry of Disease on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 95325 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Deering

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1402 S. Caroline St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Oct 10 1886

Undertaker John Hennig

Place of Business, 382 Orleans

Wm E Ennalls M. D.
Medical Attendant.

Address, 201 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95326 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* — *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Caulker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 49

Place of Death, {Give Street and Number.} 176 Battery av

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 9th 1886

R. C. Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Jenny

Place of Business, 263 Light *Address,* Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Per...

Health Department, City of Baltimore.

Permit No. 95327 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE

P

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Price

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ... *Years,* 6 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} # 2 Burke's Ct

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bone Bray

Date of Burial, Oct 11 1886

Undertaker, Wm S Gray

Place of Business, 65 N Gilmor

I. N. Clark ... *M. D.*
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95328 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 8 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Schafer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 E. Biddle

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 10th 1886

Undertaker, C. Bartell & Son

Place of Business, 136 E. Biddle St *Address,* 288 Baltimore

Mathias M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 95329 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward P. McDonough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 935 W. Lexington st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 8th 1886

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore 1003 *Address,* 314 W. Monument st

C. O'Donovan, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25331 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 91 S. Eden near E

Cause of Death, First (Primary), Pleurisy Congestion of Brain

Second (Immediate)

Duration of Last Sickness, about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 11th 1886

Undertaker, Jos B Cook

Place of Business, ~~No~~ 1003 N Baltimore *Address,* 582 N Eden

W. Lyn Lewis M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95331 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Watkins.

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months.* ..... *Days.*

Color, Black.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} No 6 (old No.) Bruen st.

Cause of Death, First (Primary), Heart disease.

Second (Immediate), Dropsy.

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Lowel cemetery

Date of Burial, Oct 8th 1886

Undertaker, Wm P Burgee

Place of Business, 62 East [illegible]

Truman T Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17

Permit No. 95332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
OCT 8 1886
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George M. Gatewood Gatewood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days*

Color, Col *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 166 N Dallas St

Cause of Death, First (Primary,) Dropsy.

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 9th 1886

Undertaker, Wm. H. Dungle

Place of Business, 62 East St

J. A. Lynch *M. D.*
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert

Health Department, City of Baltimore.

Permit No. 25333 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Slocum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Cd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 17 Allens Alley

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 17 Allens Alley

Cause of Death, First (Primary), -

Second (Immediate), Cancer of Stomach

Duration of Last Sickness, Five Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, oct-9th 1886

Undertaker, Wm C Burge

Place of Business, 62 East St

A Krepshartzer M. D.
Medical Attendant.

Address, 882 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H. Dahl

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 33 Biddle alley

Cause of Death, First, (Primary.) Bronchitis with Collapse

Second, (Immediate.) " Capillary Pneumonia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 9

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

C. Edw. Jaumey M. D.
Medical Attendant.

Address, 832 N. Eutaw
for Dispensary 78 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce

Health Department, City of Baltimore.

Permit No. 95335 — *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Smothers

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 38 *Years,* ..... *Months,* — *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 48 Greenwillow

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Oct 11th 1886

Undertaker, Alex. Hendley

Place of Business, 116 Orchard St *Address,* 192 Franklin

G. A. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 95336 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
OCT 9 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Lake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 150 S. Caroline St —

Cause of Death, First, (Primary.)

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 10 1886

Undertaker, John Lake agt

Place of Business, 201 E Balto St

N. Buckler Jr M. D.
Medical Attendant.

Address, 700 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 25337 — *Office of Registrar of Vital Statistics.* — Ward 13th

HEALTH DEPARTMENT OCT 8 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 109 (New) Parkin st

Cause of Death, First (Primary), [illegible]

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 10th 1886

Undertaker, John J. Mackin

Place of Business, No 150 Camden

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95338 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. E. Giles (Giles)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8. Barney St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 9 1886

Undertaker, Jas P Byrne

Place of Business, Front st

D. E. Phillips M. D.
Medical Attendant.

Address, 311 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 95339 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Octr 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah Mason

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 37 East St

Cause of Death, {First (Primary), /
Second (Immediate), Inflamation of Stomach

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9th 1886

Undertaker, Wm M. Duncan

Place of Business, East St *Address,* [illegible]

Jas A Steuart M. D.
Compiler
[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 95341 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 365 BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Oct 9 1916

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Edgar Jones

Sex, Male or Female, {Cross out the word not required in this line.} (Emory M.)

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 20 Parsifal Ct.

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup.

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Monday 30

Undertaker, [redacted]son

Place of Business, 782 Hart's *Address,* 387 N. Lombard St.

H. L. Phelan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

B

Health Department, City of Baltimore.

Permit No. 95341 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louisa Ashman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 3 *Months,* 6 *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 N. Eutaw St.

Cause of Death, First (Primary), Anaemia

Second (Immediate), Cardiac failure

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11th 1886

Undertaker, J. Lewis Schafer

Place of Business, 109 N. Fremont *Address,* 373 W. Fayette St.

T. Chew Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

Health Department, City of Baltimore.

Permit No. 95342 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida Brooks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 203 Preston St. Mot.

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lair 1st Cemetery

Date of Burial, Oct 10th 1886

Undertaker, Chas H. Grau

Place of Business, 158 S. Howard

R. H. Boar M. D.
Medical Attendant.

Address, 175 W. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 95343 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Octo 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Grayson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 Johnson St

Cause of Death, {First (Primary),

Second (Immediate), Consumption

Sanatum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 9 1886

Undertaker, S H Chase

Place of Business, 198 Howard St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 95344 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 8 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. McCabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, city

Duration of Residence in the City of Baltimore, 2 - 5

Place of Death, {Give Street and Number.} 40 Aliceanna

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery Bonnington

Date of Burial, Oct 10" 1886

Undertaker, B Wade

Place of Business, # 82 West St

R W H Ellis M. D.
Medical Attendant.

Address, 615 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ne Special Attention of ... is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95345 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED OCT 9 1886 REGISTRAR'S OFFICE

B

CERTIFICATE OF DEATH.

Date of Death, October 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bazillai Griffith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} J

Occupation, Commission Business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 226 N Wolf st.

Cause of Death,
First (Primary), Heart Cold & Exposure
Second (Immediate), Phthisis — Exhaustion

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 10th 1886

Undertaker, Armstrong and Ulman

Place of Business, 263 Light

G Ridgely Dudley M. D.
Medical Attendant.

Address, 121 E Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95346 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE

D

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Desch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 8 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1427 - N. Charles St New Number

Cause of Death, First (Primary), Diptheria

Second (Immediate), asphyxia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 10th 1886

Undertaker, H. M. Jenkins & Sons

Place of Business, Park & Saratoga ~~Address~~, 9. E. Insured Pr

Geo J. Preston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9547 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 9th "/6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard Fillmore Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

C

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 26 S. Calhoun St.

Cause of Death, {First (Primary), Typhoid Fever

Second (Immediate), Intestinal Hemorrhage

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Oct 11" 1886

Undertaker, Denny & Mulkeen

Place of Business, 560 W Hayet

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4388 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 25348. *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard. Crosley

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 7. *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 68 Block Colin St.

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever.

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Shaft St. Cem.

Date of Burial, Oct 10" 1886

Undertaker, H Ross.

Place of Business,

J. M. Steuart M. D.

Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John. E. Dunning Inspector

No. 9[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95349 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Oct 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 108 S Hight St.

Cause of Death, First (Primary), Laceration Throat

Second (Immediate), Asphyxia

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, October 10-86

Undertaker, Evans and Spence

Place of Business, 1000 E Balto St

G. G. Cook M. D.
Medical Attendant.

Address, 1000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 95350 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, October 9 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Albrman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 145 E Baltimore St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, October 10

Undertaker, L Ahrens

Place of Business, 815 E Balto St *Address,* 40 Exeter St.

J Hilmyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of...

Health Department, City of Baltimore.

Permit No. 95351 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Eugenia Rider

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 23 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 45 Woleart St

Cause of Death, First (Primary), Diphtheritic Croup.

Second (Immediate), " "

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters bmd

Date of Burial, Oct 10th 1886

Undertaker, J. H. Mumford

Place of Business, 298 Penna Ave *Address,*

L. C. Olds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 4 War

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95352.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L. Godwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 10 *Months,* 2 *Days*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 58 N. Front St.

Cause of Death, First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, October 10" 1886

Undertaker, Jas C Byrne

Place of Business, 63 Front St

A. G. Watson M. D

Medical Attendant.

Address 1301 E. Baltimore ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, a... List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 95353. *Office of Registrar of Vital Statistics* Yard 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1896 William Kerr et al

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kerr

Sex, Male or Female, {Cross out the word not required in this line.} B

Age, — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 732 Monument St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, W. Lawn Cemetery

Date of Burial, Oct. 11th 96

Undertaker, John C. Clark

Place of Business, 265 Aliceanna *Address,* 613 Eutaw St

E. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of...

Health Department, City of Baltimore.

Permit No. 95354 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Biersack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Stone Quarry

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years in County & City

Place of Death, {Give Street and Number.} 919 Druid Hill Ave

Cause of Death, First (Primary), Chronic Diarrhoea

Second (Immediate),

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct 10th 1886

Undertaker, Dietrick Wiegand

Place of Business, 1006 Druid Hill Ave

T. Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and oorrect reoord of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95355 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D-C

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give Street and Number.} 15 Scott St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine mos -

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C

Date of Burial, Oct 11th

Undertaker, J. J. Lowman

Place of Business, 89 Hollins St

W. F. Phillips M. D.
Medical Attendant.

Address, 211 W. Lombard -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Francis No 4389

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Case of Disease or Death o

Health Department, City of Baltimore.

Permit No. 9536 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, October 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry William Keck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 8 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 83 Bank st

Cause of Death, First (Primary), Oblique Inguinal Hernia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Oct 11th 1886

Undertaker, L. Ritz.

Place of Business, 414. S Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95357 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct, 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelina Burns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 311 E. Madison

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 11th

Undertaker, Geo Schilling

Place of Business, 2 E Lexington Sq. *Address,* 25 & Gilmor Ave

J. A. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Age changed by Dr. Robinson Oct 16/86
Bond

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93358 *Office of Registrar of Vital Statistics.* Ward 9 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta D. Middlekauff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 105 Franklin St.

Cause of Death, First (Primary), Pulmonary Hemorrhage

Second (Immediate), Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, October 11th 1886

Undertaker, Steward & Mowen

Place of Business, 35 Park ave & Address, Charles & Centre sts

N. W. Royal & Boundary ave

J. H. Scull M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 95359 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McNelis

Sex, Male or Female, {Cross out the word not required in this line.} (Sarah McNelis)

Age, 18 *Years,* ..... *Months,* ..... *Days*

Color, Colk

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia Norman Co

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} 44 Raborg St (44 Raborg St)

Cause of Death,
- First (Primary), Consumption
- Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 11 1886

Undertaker, Hercules R & S

Place of Business, 95 East Mar[illegible] St

W. J. Chi... M. D.
Medical Attendant.

Address, 1[illegible] E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Table of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 95360 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 11 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct 9 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 20 Winter St

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope St Cemetery

Date of Burial, October 11 1886

Undertaker, Hercules Ross

Place of Business, 95 Courtland St

J. B. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 95361 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, October 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Austin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} # 609 Cross St.

Cause of Death, {First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11th

Undertaker, B. Hearle

Place of Business, 82 West st,

Wm. H. Hendrix M. D.
Medical Attendant.

Address, Cor. Columbia & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 9536½ *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Cooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Eight (8) Years, — Months, Eleven (11) Days.

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give Street and Number.} No. 93 S. Bethel Street

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, York Cemetery

Date of Burial, Oct 11/86

Undertaker, Wm S. Fry

Place of Business, 81½ Bloadway

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 95363 *Office of Registrar of Vital Statistics.* Ward 10 L

HEALTH DEPARTMENT OFFICE BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamie Eckstein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 256 Lexington St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct. 12/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St *Address,*

Geo. W. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93364 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR VITAL STATISTICS OCT 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Sauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, over 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, over 30 years

Place of Death, {Give Street and Number.} 189 South Dallas

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, over 6 wks

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Oct 12

Undertaker, W Dipsel

Place of Business, 191 E Bond *Address,* 171 N Caroline St

Geo. D. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95365 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Braun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 3 *Months,* 16 *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany Thirty Eight yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Pratt & Eden Sts

Cause of Death, First (Primary), Cardiac Dropsy

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 1000 E. Pratt

Geo. Luhr M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 95366 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lewis Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 Woodyear Ct. Bet Lafayette & Mulberry

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Oct 11th 1886 Harney Hill M. D.

Medical Attendant.

Undertaker, Alex. Hennessey

Place of Business, 116 Orchard St. *Address,* 857 Allen Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95367 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Oct 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred B R Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Fruit Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), Inanition

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 12

Undertaker, M. P. Rudolph

Place of Business, 66 Fremont *Address,* 319 Hollins

James Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 95368 *Office of Registrar of Vital Statistics* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beadie Brennan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 729 Forest St

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate), 2 days

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 11th 1886

Undertaker, Henry N. Mears

Place of Business, #413 E. Fayette *Address,* 171 W Camden St

Geo. J. Lindsay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95369 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the registration of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, October 10 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Eliza Hempel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 6 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} 247 East Biddle St

Cause of Death,
First (Primary), R. Senility —
Second (Immediate), Exhaustion —

Duration of Last Sickness, two years.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12 1886

Undertaker, Henry Hook

Place of Business, 249 N Central Ave

Irving Miller M. D.
Medical Attendant.

Address, 1207 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 95370 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca S. Jefferson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} 153 N. Wolfe St

Cause of Death, First (Primary),

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 12th 1886

Undertaker, Danny H. Mitchell

Place of Business, 65 S. Broadway

J. N. Hack M. D.
Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Rules, &c., on the other side.

Health Department, City of Baltimore.

Permit No. 95371 *Office of Registrar of Vital Statistics.* Ward 15-E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 8 the 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, five *Months,* ~~Days~~.

Color, Colord

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 109 Hughes Street

Cause of Death, First (Primary), Teething?

Second (Immediate), Diarhhoea

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 11 the 1886

Undertaker, H Rees

Place of Business, Century *Address,* Eutaw & Pratt

J Hunt Shaw M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Seward J. P.

Health Department, City of Baltimore.

Permit No. 95372 *Office of Registrar of Vital Statistics.* Ward 10 11 9

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah E. Gee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months.* *Days*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 70 Pierce St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about two months

All the above informations should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 12th 1886

Undertaker, John J Armstrong

Place of Business, No 406 Druid Hill Ave Home 406 706

H. C. Williams M. D.
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 95373 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 11 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Octo 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos L. Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stove dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. ~~#529 Conway st.~~

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} #529 Conway st.

Cause of Death, First (Primary), ...

Second (Immediate), Inflammation of Stomach

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 13th 1886

Undertaker, John S. Mosher

Place of Business, No 150 Camden *Address,* Hanover st

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95374 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella M. Hartman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 *Years,* 9 *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 97 David Hillen Ave

Cause of Death, First, (Primary,) Colic

Second, (Immediate,) Peritonitis (Obstruction of the Bowels)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial Stemmers Cemetery

Date of Burial. Oct 13 1886

Undertaker Alex Hemsley

Place of Business, 1160 Orchard St

J. A. Gillis M. D.,
Medical Attendant.

Address, 187 N Bond Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9537 *Office of Registrar of Vital Statistics.* Ward 13½

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leopold Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 87 Buth St.

Cause of Death, First (Primary), ...

Second (Immediate), Chronic Croup

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct. 12/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95376 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 9th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Baer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 381 Eastern Ave

Cause of Death, First (Primary), Tubular disease of Heart

Second (Immediate),

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 11th 1886

Undertaker, H. Sander & Son

Place of Business, 1308.1410 Eastern Ave Address, 101. N Broadway

C. Hall Rutledge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95377 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Lankin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* 27 *Days.*

Color, W.

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 22 S. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Heart-Disease

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 12/86.

Undertaker, Jos. B. Cook

Place of Business, 707 W. Balto. St.

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95378 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, October 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Annie Cornish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, One Hour ~~Days~~.

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 3 Mc Donald court

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. Rebie Cem

Date of Burial, Oct 11th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* Town

James H. Chew M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. H. Seward S. I.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 9537 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All Years

Place of Death, {Give Street and Number.} 325 Federal Street

Cause of Death,
First (Primary), Typhoid Malarial Fever
Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 12 th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Gruun'l Ave

J. C. Hammond M. D.
Medical Attendant.

Address, 37 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 93380 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH. B

Date of Death, Oct. 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Giles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, V

Place of Death, {Give Street and Number.} 162 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Anemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1886

Undertaker, Hercules

Place of Business, 95 Courtland St *Address,* 172 Sharp St

C. S. [illegible] M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95381 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1886 (10th)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Astermann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 91 S. Regester st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, Oct 12 "86

Undertaker, M. E. Saifer

Place of Business, 94 S. Eden *Address,* 1727 E. Balto.

P. L. Dausch *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95382 *Office of Registrar of* ~~Vital Statistics~~ Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Engelsman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~12 Years,~~ 4 *Months.* XX *Days*

Color, White

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 144 Pearl St

Cause of Death, First (Primary), Colitis

Second (Immediate), Diffuse Peritonitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, October 12

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

C. F. Kent M. D.
Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95383 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11 86. 3. 15 m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May E Mason.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 19 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Botetourt Co. Va.

Duration of Residence in the City of Baltimore, About 1 year

Place of Death, {Give Street and Number.} 1101 N Eutaw St.

Cause of Death, First (Primary), Malarial Fever.

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 weeks — 1 week Medical Treatment

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Va

Date of Burial, Oct. 12/86

Undertaker, J. B. Cook. H Hanlen M. D.

Medical Attendant.

Place of Business, 707 W Balto St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4391 Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95384 *Office of Registrar of Vital Statistics.* Ward 59

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrieka Dicker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 55 Years 6

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 3 Druid St

Cause of Death, First (Primary), Cerebritis

Second (Immediate), Pneumonia Exhaustion

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Oct 13, 1886.

Undertaker, Wm. H. Hickman. Jas J Bell M. D.
Medical Attendant.

Place of Business, 234 N. Gay *Address,* 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 25385 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Kuzel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Inanition.

Second (Immediate), General Debility.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansus Ce

Date of Burial, Oct. 12/86

Undertaker, Frank. Coach.

Place of Business, 249 W Lombard st. R. H. Goldsmith M. D.

Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 95386 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rollman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} No 1 Crow alley

Cause of Death, First (Primary), ...

Second (Immediate), Cardiac Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem—

Date of Burial, Oct 13th 1886 — J C Burch M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts, *Address,* 151 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rules on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9538 7 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Grove St. Louis

Date of Burial, Oct 12. 1886

Undertaker, John Marksen

Place of Business, Division St. *Address,* Harlem av. Calvert

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 95388 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Denson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md. —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 12 Bath St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, Instant death (very likely) — was found dead in

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, October 13th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95389 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Clenney

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

Age, 54 *Years,* 10 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, Gunsmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 50 Chew st.

Cause of Death, First (Primary), Phthisis Pulmonalis et Laryngitis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 1201 N. Eden St.

E. B. Henby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95390 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE MD

79

CERTIFICATE OF DEATH.

Date of Death, 10th October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E Gibbons Giblons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give Street and Number.} 144 Cathedral

Cause of Death, First (Primary), Heart

Second (Immediate), Exhaustion - heart failure &c

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 13th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Gruman St

C B Gamble M. D.
Medical Attendant.

Address, 69 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9539 / *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
OCT 12 1886
BALTIMORE

CERTIFICATE OF DEATH. C

Date of Death, Oct 10th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bina Fairfield

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. } Male

Age, 22 *Years,* — *Months.* — *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Potter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Russia.

Duration of Residence in the City of Baltimore, 2 yrs & 2 mos

Place of Death, { Give street and Number. } 33 York St

Cause of Death. First (Primary), Malarial Fever

Second (Immediate) Congestion of Lungs & Heart

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Oct — 12th

Undertaker Caleb Evans.

Place of Business, 115 E. Balto St

Chas. H. Buxton M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Butler,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, cd

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Welsh alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Cap. Bronchitis

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Marys County

Date of Burial, Oct 12th 1886

Undertaker, Maryan & Pye

Place of Business, 9 Mulberry St

Thomas C. Sears, M. D.
Medical Attendant.

Address, 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

4392 transcript

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95393 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 11th Oct 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Heinr Stack

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give Street and Number.} ~~207~~ 212 Paca st

Cause of Death, First (Primary), I have seen him only dead

Second (Immediate), By nervous Spasm, Thrush or any other Disease

Duration of Last Sickness, had whooping cough for three weeks.

All the above information should be furnished by the Physician.

Place of Burial, New-Cathedral

Date of Burial, Oct 13/86

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw

D W Hellman MD M. D.
Medical Attendant.

Address, 254 Paca st. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95394 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 10 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. McGruder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 416 Scott st -

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, about 10 yrs -

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, October 12 1886

Undertaker, Wm J Pickney

Place of Business, 65 S. Eutaw St

F. J. Flannery M. D.
Medical Attendant.

Coroner 1701 Dr. Hill ave -
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95396 — *Office of Registrar of Vital Statistics.* — Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Zacariah Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (Old) 95 S Amity St

Cause of Death, First (Primary), Epilepsy

Second (Immediate),

Duration of Last Sickness, Epileptic from infancy

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct. 14. 1886

Undertaker, H. A. Saiger

Place of Business, 74 S. Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 W Brandon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95396 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Hollin

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 140 Harmony Lane

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Diarrhea. Gd. Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Wash. Ft.

Date of Burial, Oct 12 1886

Undertaker, H Ross

Place of Business, 76 Conway St. *Address,* Camp 16 & N

Thos A Adams M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. E. Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 95397 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. B. Walker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Paperhanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, about 8 Months

Place of Death, {Give Street and Number.} 802 W. Fayette

Cause of Death, First (Primary), Pulmonary consumption

Second (Immediate), " "

Duration of Last Sickness, about one Year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Oct. 13/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

T. Chew Worthington M. D.
Medical Attendant.

Address, 840 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95398 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reily

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - 10 Years

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Oct. 13/86

Undertaker, J. B. Cook C. W. Mitchell M. D.

Medical Attendant.

Place of Business, 1003 W. Balt St *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below and to those on the reverse side of this certificate.

Health Department, City of Baltimore.

Permit No. 95399 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT OCT 12 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Schaefer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 370 N Henry St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct. 13/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St *Address,* 206 N Eutaw

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95409 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tomasia Price

Sex, Male or Female, {Cross out the word not required in this line.} Female (Tomasia)

Age, 19 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 230 E Hoyt St

Cause of Death, First (Primary), Phthisis

Second (Immediate), phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Crispield Md

Date of Burial, oct 13th 1886

Undertaker, H. Frey

Place of Business, Broadway

J. W. J. England M. D.
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4393 ~~95409~~ Frank

Board of Health, City of Baltimore.

Permit No. 96-401 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Well Digger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 233 S Eutaw St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shanford Cemetery

Date of Burial, Oct 13 1886

Undertaker Alex Hemsley

Place of Business, 116 Orchard St *Address,* 116 Hanover

Jno. A. Janvier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95462 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Kohmann

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 210 N Chapel St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate), ...

Duration of Last Sickness, about 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 14th 86

Undertaker, G. Pearce

Place of Business, Bond & Wolfe *Address,* .....

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95403 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS
OCT 13 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 221 E. Fayette St.

Cause of Death, First (Primary), Enlargement of the heart

Second (Immediate), Oedema

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 14th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway

Francis T. Sauer M. D.
Medical Attendant.

Address, 439 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to Sec. 2 Section 2 on back of this certificate.

Health Department, City of Baltimore.

Permit No. 932404 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED OCT 13 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances T. Seal

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* 7 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 176 McCulloh St

Cause of Death, First (Primary), Gastric Ulcer

Second (Immediate),

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Oct 14th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & Mt Royal & Boundary aves

Thomas Shearer M. D.
Medical Attendant.

Address, 1097 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4394 Turner

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the [illegible] this Certificate.

Health Department, City of Baltimore.

Permit No. 95405 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 or 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give Street and Number.} 66 Conway St -

Cause of Death, First (Primary), Heart disease

Second (Immediate), ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 13th 1886

Undertaker, H. A. Jenkins Sons

Place of Business, Park & Saratoga Sts

F. J. Flannery M. D.
Coroner ~~Medical Attendant~~

Address 1701 Dr. Hill ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95406 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Buckmaster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 76 Grindall St

Cause of Death, First (Primary),

Second (Immediate), Typhoid fever

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 14 1886

Undertaker, B. Hartig

Place of Business, 82 West St *Address,* 151 Hanover St

I. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96707 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dining Life

Place of Death, {Give Street and Number.} 456 Eight St

Cause of Death, First (Primary), Chills Birth

Second (Immediate), Congestion of Lungs & Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonses Cemetery

Date of Burial, Oct. 14th

Undertaker, B. Earle

Place of Business, 82 West St.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortau

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95408 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Sisselberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* 19 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 419 N. Stricker St. (old no

Cause of death, First, (Primary,) Cold contracted

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 13th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 1511 W. Lexington

J. M. Jordan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95409 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, October 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justine Groskopf

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 7 *Months,* 26 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} No 86 Orleans St

Cause of Death, First (Primary), Malaria Fever

Second (Immediate), Pneumonia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 14, 1886

Undertaker, Henry McC Gemmill

Place of Business, 482 Central Address, 105 N Central Ave

Francis A. Lauer M. D.
Medical Attendant.

Cert. No. 439

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95410 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give Street and Number.} 8 1/2 Penny St

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate), —

Duration of Last Sickness, 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cem

Date of Burial, Oct 13th

Undertaker, W. Duffy

Place of Business, 137 S. Bond

E. D. Lamb M. D.
Medical Attendant.

Address, 703 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 95411 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Nine *Months,* ~~Days.~~

Color, Dark

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 806 Whitecourt Court

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and Number.} 806 Whitecourt Court

Cause of Death, First (Primary), Gastritis

Second (Immediate), Colitis

Duration of Last Sickness, Thirty days

the above information should be furnished by the Physician.

Place of Burial Shark St Cemetery

Date of Burial, Oct 13 1886

Wm. H. Burns M. D.
Medical Attendant.

Undertaker H Ross

Place of Business, 95 Eastern Ave *Address,* 284 N Stricker Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95412 *Office of Registrar of Vital Statistics.* Ward 10 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Patrick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 79 Pearce St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Shanpot Cemetery

Date of Burial, oct-14 1886

Undertaker, Alex Hunsley

Place of Business, 116 Orchard at

J. H. Mellus. M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95213 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, October 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Jones

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days*

Color, Dark

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, 10 years —

Place of Death, {Give Street and Number.} 13 Brown St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion —

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Oct. 14th 86

Undertaker, W. L. Gray

Place of Business, 210 Mulberry *Address,* [illegible]

Emmet Bartlett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95414 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Foster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4. *Years,* 9. *Months,* 9 *Days.*

Color, White

~~*Married.*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 249 Preston

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 249 Preston

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, Oct. 14th 1886

Undertaker, L. Lewis Schaefer

Place of Business, 109 N. Fremont St. *Address,* 193 Preston

Ged W. Innis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95715 *Office of Registrar of Vital Statistics.* Ward 30

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Nilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 66 Bond St

Cause of Death, First (Primary), Acute Lobar Pneumonia

Second (Immediate), Tuberculous Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14

Undertaker, John E Grace

Place of Business, 313 S Caroline St

Wm Fitzgerald Kinsey M. D.
Medical Attendant.

Address, 1152 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95416 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Ludwig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} East Balt

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} No. 188 Chesapeake st

Cause of Death, First (Primary), Inanition

Second (Immediate), Pneumonia

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Oct. 14. 86

Undertaker, H. Sanderson

Place of Business, 252 Eastern Ave *Address,* 125 S Eden

L. Oldenburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95717 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Eyser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Restaurateur

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct. 14 86

Undertaker, H. Kruger & Son C. W. Mitchell M. D.

Medical Attendant.

Place of Business, 252 Lanvale Ave *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95248

WATER DEPARTMENT
OCT 14 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6 B

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gardner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 85 N. Wolfe st

Cause of Death, First (Primary,) Tumor Ovarian

Second (Immediate,) Dropsy

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 15 86

Undertaker, Wm S Fry

Place of Business, 11 N Broadway

J J Gross M.D.
Medical Attendant.

Address 139 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93419 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 14 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Kopeinski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old No. # 341 S. Bond St

Cause of Death, First (Primary),

Second (Immediate), Entero - Colitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Oct 14, 86

Undertaker, Felix Sobieszczyk. John H. Rehberger M. D.
Medical Attendant.

Place of Business, 258 & 260 Aisquith St. *Address,* 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95,420 *Office of Registrar of Vital Statistics.* Ward 2 CI

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 14
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Smith

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Cigar maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, about 33 years

Place of Death, {Give street and Number.} 9 Hill St.

Cause of Death, First (Primary), Old age

Second (Immediate).

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemtry.

Date of Burial, Oct. 17th 1886

Undertaker Wm. Nicolaus

Place of Business, 249 Alice Ann.

James E Donelle M. D.
Medical Attendant.

Address, 996 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95421 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 14 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hartman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co Md.

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Ovariotomy -

Second (Immediate), Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md by West Mar. R.R.

Date of Burial, Oct 15 86

Undertaker, J. B. Cook

Place of Business, 102 3 W. Baltimore St.

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4397 Transit.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93242 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 BALTIMORE MD

CERTIFICATE OF DEATH.

C

Date of Death, Oct. 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Holmes.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, –

Place of Death, {Give Street and Number.} 162 Raborn

Cause of Death, First (Primary),

Second (Immediate), Pertussis ending in Convulsions

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hurst St Cem,

Date of Burial, Oct 14th 86

Undertaker, W. J. Gray

Place of Business, 65 Mulberry St Address, 306 N. Fayette St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95423 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 14 1886 RECEIVED.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Herbert

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - Two days

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Hydrocephalus -

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 14th 1886

Undertaker, H. Sander & Son

Place of Business, 170 & 170 Caroline & *Address,* C. W. Mitchell M. D. Medical Attendant. University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95424 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 14 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Linthicum

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 21 *Years,* —— *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} St Josephs House of Industry Cor Carey & Lexington sts

Cause of Death, First (Primary), Hereditary Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Clarksville Howard Co.

Date of Burial, Oct. 15/86

Undertaker, J. B. Cook

Place of Business, 1003 W Balto St *Address,* 523 Lexington St

A H Linton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4398 transit

The special attention of Physicians is respectfully invited to the Remarks below, and to use of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95425 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 14
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lupus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, ev

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 5 Union av

Cause of Death, First (Primary), General Debility

Second (Immediate), " "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 1886

Undertaker, Wilson & Dugee

Place of Business, 62 East st

B B Brown M. D.
Medical Attendant.

Address, 3 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95426 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 14 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Lowes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 3 *Months,* 0 *Days.*

Color, Light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, One Yr + 3 Months

Place of Death, {Give Street and Number.} No 23 Parish Alley

Cause of Death, First (Primary), Accident / Badly Scalded

Second (Immediate), translated to internal parts

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Cemetery

Date of Burial, Oct 15th 1886

Undertaker, William N Dugee

Place of Business, 62 East St

Benj F Bohner M. D.
Medical Attendant.

Address, cor Mulberry & Green sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95427 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Maguire

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 8 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 41 S. Madeira Alley

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Rudemer Cem

Date of Burial, October 15th

Undertaker, W. Duffield

Place of Business, 157 S. Bond *Address,* 172 E. Balto St.

P. J. Lauchlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95428 *Office of Registrar of Vital Statistics.* Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Berghoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Oct. 15 /86.

Undertaker, W. McGinniss

Place of Business, No. 8 Central Ave.

Oscar J Dohm M. D.
Medical Attendant.

Address, 624 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95429 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md ?

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 Wyeth, ab

Cause of Death, First (Primary),

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct. 14

Undertaker, B. Hall

Place of Business, 42 West St

Jno D Hall M. D.
Medical Attendant.

Address, 15 S Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95430 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph K Lucy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 817 W Pratt st

Cause of Death, First (Primary), Diphtheria (Laryngeal)

Second (Immediate),

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, Oct 15th

Undertaker, B. Hartle

Place of Business, 82 West St,

James Bosley M. D.
Medical Attendant.

Address, 819 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95431 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 15 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Headline

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 3 Po Sharp St

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 15th 1886

Undertaker, E. Harle

Place of Business, 82 West 8th

Signature of M. D.

Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 93432 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of a full certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1886 BALTIMORE MD.

94

CERTIFICATE OF DEATH.

Date of Death, October 13th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jackson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, About Eighty *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten (10) Mos & Fourteen (14) days

Place of Death, {Give Street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) General Debility

Duration of Last Sickness, Fourteen (14) days Since Penitentiary admitted to

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 15th 1886

Undertaker, Lee. Reinhart

Place of Business, Hearse Office

J. M. Boiskill M. D.
Medical Attendant.

Address, 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 95733 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 14 18 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] of Mother Annie Betters.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ Two (2) hours ~~Days,~~

Color, Black

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Convict Maryland Penitentiary

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Penitentiary

Duration of Residence in the City of Baltimore, Two (2) hours.

Place of Death, {Give Street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness, Two (2) hours.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, October 15th/86

D. M. Gaskill M. D., Medical Attendant.

Undertaker, Geo. Rinehart

Place of Business, Health Depart. Address, 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 95434 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 - 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Blum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Sil.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia.

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give Street and Number.} 69 E. Pratt St.

Cause of Death, First (Primary), Broncho-Pneumonia - Convulsions from Lumbrici

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom Cemetery

Date of Burial, Octo 15th 1886

Undertaker, Evans & Spencer

Place of Business, 60 & Balto St.

Alfred Libhard M.D.

Medical Attendant.

Address, 1½ S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9541 35 — *Office of Registrar of Vital Statistics.* Ward 32 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 15 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Behrends

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 11 = 229 E Pratt

Cause of Death, First (Primary), Inanition

Second (Immediate), Pneumonia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Congregation

Date of Burial, Oct 15 86

Undertaker, Evans & Skinner

Place of Business, 1000 E Balto St *Address,* 125 Eden

L C Wiedenmeyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Items ... below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95436 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 14th October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Rogers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2 Offin av.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Prostration & Emaciation

Duration of Last Sickness, 6. weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 15th

Undertaker, Lord & Handy

Place of Business, 198 West Av

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill Str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95437 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
OCT 15 1886
BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Everton Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Fifteen *Days*

Color, Colored

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 27 Bath St Balto. Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 27 Bath St Baltimore.

Cause of Death, First (Primary), Enterocolitis

Second (Immediate), Convulsions.

Duration of Last Sickness, about three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 15th 1886

Undertaker, W. W. Maddux

Place of Business, 76 Bath St

Edward E. Mackenzie M. D.
Medical Attendant.

Address, New No 206 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 952438 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 15 1886

CERTIFICATE OF DEATH.

B

Date of Death, October 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Darage

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 18 Hanover St.

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Druid Ridge Cem

Date of Burial, Oct 16-1886

Undertaker, Wm H. Madden

Place of Business, 46 East St

Geo F Taylor M. D.
Medical Attendant.

Address, 2349 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the directions below, and to the [illegible]

Health Department, City of Baltimore.

Permit No. 95439 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Soffell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 156 W Stricker St

Cause of Death, First (Primary), Heart Disease & Senile decay

Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Oct 15/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore, Address, 319 Hollins

Jno T Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95440 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 14 Oct'd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malachi Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give Street and Number.} 32 S. Shroder st.

Cause of Death, First (Primary), old age

Second (Immediate), no disease ascertainable

Duration of Last Sickness, Failing 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 15 / 86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. Address, 1403 W. Fayette

John Ford, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95,641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 13th October 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Agnes Liddard.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two Years, Six Months, ~~Days~~

Color, White Sex, Female.

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 Dolphin St. Baltimore.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and number.} 107 Dolphin St.

Cause of Death, First (Primary,) Remittent Fever.

Second (Immediate,)

Duration of Last Sickness, Two months.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 16/86

Undertaker, Chas G. Lewin

Place of Business, ~~—~~ 271 N. Eutaw

Geo. J. Collins M. D.
Medical Attendant.

80 N. John St, Balt

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9514 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Funk

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 43 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 20 yrs. in U.S.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 16 N Durham St

Cause of Death, First (Primary), Fecal Fistula

Second (Immediate), Inanition

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Octo. 16/86

Undertaker, Michael Funk

Place of Business, 35 Bank St *Address,*

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on p. 2A of this Certificate.

Health Department, City of Baltimore.

Permit No. 95243 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE OCT 15 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 15/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Virginia Gayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Camden N. J.

Duration of Residence in the City of Baltimore, 7 Mos

Place of Death, {Give Street and Number.} 171 S Paca st

Cause of Death, First (Primary), Miscarriage

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Camden New Jersey

Date of Burial, Oct 15th 1886

Undertaker, John S Thacher

Place of Business, No 150 Camden St

Jno V Black M. D.
Medical Attendant.

Address, 158 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4399 Transcript

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95464 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Groslob

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 318 S. Dallas St

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem'y.

Date of Burial, Oct 16, 86

Undertaker, Felix Breitkopf. John H. Rehberger M. D.

Medical Attendant.

Place of Business, 258 Ost Lombard St. *Address,* # 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95145 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 15 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 15: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talmadge F. Cheny,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dentist,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 40 years,

Place of Death, {Give Street and Number.} 174 N. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Bright's Disease,

Duration of Last Sickness, if Known,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Oct 17th 1886

Undertaker, Stewart & Howard

Place of Business, 35 Park and *Address,* 100 E Baltimore St.

J. W. Hinck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95446 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Weidner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

~~*Color, &c*~~ White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 225 Mulberry St

Cause of Death, First (Primary), old age

Second (Immediate), Paralysis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 16th 1886

Undertaker, W Cadogan

Place of Business, 227 Mulberry

Geo A Fleming M. D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks as below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95447 *Office of Registrar of Vital Statistics.* Ward 11.

BUREAU OF VITAL STATISTICS OCT 15 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina H. Nord

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hesse Darmstadt

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 12 Union St

Cause of Death, First (Primary), Asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 Oct 86

Undertaker, Walter Immel

Place of Business, 315 W. Pratt St.

H. Warfield M. D.
Medical Attendant.

Address, Balt Gen. Dsp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 93548 *Office of Registrar of Vital Statistics.* Ward 13c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Oct 14. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Fracture skull, comp. fracture femur

Second (Immediate), Exhaustion

Duration of Last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 16th

Undertaker, J J Cowan

Place of Business, 89 Hollins

C. W. Hitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 45449 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Gardner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give Street and Number.} S. E. Cor. O'Donnell & Potomac Sts

Cause of Death, First (Primary),

Second (Immediate), Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Oct 17th 86

Undertaker, John C. Schuck

Place of Business, 650 Aliceanna *Address,* 243 Aliceanna

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95450 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 15 18
BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, Oct. 15/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Oct 15 1886

Undertaker, John Masterson

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address. Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95251 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - City -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 1140 N. Gilmor St.

Cause of Death,
First (Primary), Rheumatism - Malaria.
Second (Immediate), Brights Diseas - Uraemic Convulsions.

Duration of Last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 17th 1886

Undertaker, Wm J Erskine & Son

Place of Business, Park & Saratoga Sts *Address,* Harlem & Calhoun sts.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95252 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Oct. 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Wheedon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} # 77 Block St.

Cause of Death, First (Primary),

Second (Immediate), Typho-Malarial Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Oct. 16th 86

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 143 Alice Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95453 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 15 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give Street and Number.} 77 N High St

Cause of Death, First (Primary), Natural Causes

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 16th 1886

Undertaker, Geo Kimball

Place of Business, 23 Fawn St

J Shutt M. D.
Medical Attendant.

Address, 148 N Exeter (O.H.)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(Over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95452 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E. Baines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 183 Fremont

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), " "

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, Ballo Cemt

Date of Burial, Oct 16th 1886

Undertaker, J. E. Hough & Co *James Bacon* M. D.
Medical Attendant.

Place of Business, 298 Bond Ave *Address,* Cor Arlington & Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95455 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1895 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 14th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Richards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 270 Orleans St

Cause of Death, First (Primary), Diphtheritic Croup -

Second (Immediate),

Duration of Last Sickness, 2 Days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 16 Oct.

Undertaker, W. S. Speed

Place of Business, 157 E Balto St

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95456 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 16 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard D. Bobby

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 5 *Days*

Color, ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 months 5 days

Place of Death, {Give Street and Number.} 430 N. Carey St.

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cem

Date of Burial, Oct 16. 1886

Undertaker, Martin Fahey

Place of Business, 128 Lanvale St *Address,* .....

E. M. Pail M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 95457 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 16 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Octo. 15th 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex. Stall

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower. {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 1 Lorman St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 17th 1886

Undertaker John J. Andrews

Place of Business No 406 Druid Hill Ave

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93458 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Owen & Nellie Owen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} 3 Parents

Age, ~~Years,~~ ~~Months,~~ 4 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 460 Federal St

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 16th 1886

Undertaker, J. T. Owen

Place of Business, 460 Federal Address, Baltimore MD

James A Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95459 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 86

~~*Full Name of*~~ *Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Two male Children } John T Owen & Nettie Owen Parents

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 4 hours *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 460 Federal St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 460 Federal St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 16 October

Undertaker, John T Owen

Place of Business, 460 Federal St

Louis (no) Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95760 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Elizabeth Alexander

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis, Maryland

Duration of Residence in the City of Baltimore, forty-six years.

Place of Death, {Give Street and Number.} 272 West Lexington Street

Cause of Death, First (Primary), Acute Catarrh of the Stomach

Second (Immediate), Paralysis of the Heart

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Yard

Date of Burial, Oct. 16' 1886

Undertaker, H. W. Jenkins Sons

Place of Business, Park & Saratoga Sts.

Vector F. Alexander M. D.
Medical Attendant.

Address, 272 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96461 *Office of Registrar of Vital Statistics.* Ward 12 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 16 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 237 Division St.

Cause of Death, First (Primary), Old age

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 18/86

Undertaker, Wm S. Fry

Place of Business, 81 W Broadway

J. W. P. Bald M. D.
Medical Attendant.

Address, 1020 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95462 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 BALTIMORE MD. B

CERTIFICATE OF DEATH.

Date of Death, October 14 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.} Mary Elizabeth Boston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 8 N Chapel St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct - 16/86

Undertaker, Wm S Fry

Place of Business, 81 W Broadway

Geo. F. Taylor M. D.
Medical Attendant.

Address, 728 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 95263 *Office of Registrar of Vital Statistics.* **Ward** 3 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 BALTIMORE, MD.

Date of Death, October 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie E. Davis

Sex, Male or Female, {Cross out the word not required in this line} Female

Age, 1 *Years,* 10 *Months.* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 140 Gough St.

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate), Eclampsia

Duration of Last Sickness, Since Oct 9th 1886

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, October 17th

Undertaker Fred Goede

Place of Business 79 S. Caroline *Address,* 79 S Caroline St.

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95764

Office of Registrar of Vital Statistics.

2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Muller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 6 *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} S. Wolf st No 511. 1st W.

Cause of Death, First, (Primary.) Inflamation of the Bowels

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 17 1886

Undertaker, H. C. Sander & Son

Place of Business 1310 Canton Ave

F. C. M. Schmitt Jr. M.D.,
Medical Attendant.

Address, S. W. cor Wolf st & Canton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95465 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 BALTIMORE, MD.

Date of Death, Oct. 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Krug

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 5 *Months,* 7 *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Foreman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (44 yrs in U.S.)

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, {Give Street and Number.} 509 S. Patterson Park Av.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 17 1886

Undertaker, H. C. Sauder & Son

Place of Business, 1410 Baltimore *Address,* 124 Broadway

E. B. Britton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 93466 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Stasko

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 33 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, About Seven Years

Place of Death, { Give street and Number. } 305 E. Eager St.

Cause of Death, First (Primary) Typhoid Fever

Second (Immediate)

Duration of Last Sickness, Called Oct. 2nd. 1886

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus Ch

Date of Burial, Oct 16 1886

Undertaker Frank Crash

Place of Business, 249 Durham St

James E. Donelle M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9576 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Baltimore Co. Oct. 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lidia Ann Preece

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 12 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Location of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} No 11 Lehman Alley

Cause of Death {First, (Primary,) Tuberculosis

{Second, (Immediate,) Drowned

Duration of last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 16/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

P. S. Fields ..... M. D.
Medical Attendant.

Address, 307 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95468 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Carey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 98 Landenhall St

Cause of Death, First (Primary), ...

Second (Immediate), Hepatitis

Duration of Last Sickness, 4 4 days

All the above information should be furnished by the Physician.

Place of Burial, H Hill Cemetery

Date of Burial, 17 October 1886

Undertaker, Geo Leimbach & Sheeron Earle M. D.
Medical Attendant.

Place of Business, 387 N. Pratt *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95769 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, (October) October 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Scott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 66 *Years,* ~~Months,~~ ~~Days.~~

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ~~Maryland~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 25. S. Pethel st

Cause of Death, First (Primary), Valvular disease of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 17th

Undertaker, John E. Grace

Place of Business, 313 S. Caroline st *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95470 *Office of Registrar of Vital Statistics.* Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kavanagh

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 9 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 8 G Bay d St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 17

Undertaker, Joseph B Cook

Place of Business, 1003 W Baltimore St

Chas F. Mechlen M. D.
Medical Attendant.

Address, 283 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95471 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Griffith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* 21 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 408 S. Eutaw St

Cause of Death, First (Primary), Typho Malarial Fever.

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 17

Undertaker, Joseph B Cook

Place of Business, 700 3 W Balto

John A. Lloyd M. D.
Medical Attendant.

Address, 273 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95472 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Ritter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty two (82) *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} Home of Aged M. E. Church, Cor Fulton & Franklen Sts.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 17th 1886

Undertaker, John J. Mascher

Place of Business, No 150 Loudon Av

W. W. Wright M. D.
Medical Attendant.

Address, 220 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95473 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 16 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1917

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 131 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 14 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 17

Undertaker, F. Ward

Place of Business, 82 W. Pratt St

Theodore Dorf M. D.
Medical Attendant.

Address, 116 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95474 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. M. Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Rail Road man — Conductor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give Street and Number.} Pier 7 B&O. R.R. Locust Point.

Cause of Death, First (Primary), Crushed to death between the

Second (Immediate), Platform of the Pier and a freight Car drawn by Engine no 83 of the B&O. R.R.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alexandria

Date of Burial, October 14th 1886

Undertaker, John S. Meacher

Place of Business, No 150 Camden St

Frank L. Flannery M. D.

Medical Attendant.

Coroner

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4395 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95475 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 16" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reading

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* ~~~ *Months,* 6. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 197 D" Wolf St.

Cause of Death, {First (Primary),

{Second (Immediate), Spasms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 16 1886

Undertaker, G France

Place of Business,

James A Timmins M. D.

~~Attending~~ Coroner's Physician.

Address, Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Secretary

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95476 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 BALTIMORE MD.

CERTIFICATE OF DEATH.

74

Date of Death, Oct 16 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Lupton

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diarrhoea (Senility)

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 18/86

Undertaker, J. B. Cook

Place of Business, 100 W. B. St.

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9547 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Oct 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas M. Halbendett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, Single, Widowed, Widower, {Cross out the words not required in this line.}

Occupation, Stock Broker

Birth Place, {State or country and how long in U.S. if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} 217 W. Washington St

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto., Cem.

Date of Burial, Oct 17. 1886.

Undertaker, W. H. Hickman

Place of Business, 2340 W. Gay

Saml. K. Powell M. D.
Medical Attendant.

Address, 217 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93478 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT OCT 18 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence F. Fustus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 217 Fremont Ave

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Coma & Exhaustion

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Co

Date of Burial, Oct 17 1886

Undertaker, John W Jenkins

Place of Business, Gay & Sharpless *Address,* 251 Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95479 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct "15" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Jackson.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 45. *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 L Dettlech

Cause of Death, First (Primary), Dropsy.

Second (Immediate), Asthenia

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 17 "1886

Undertaker, Jas. E. Grace

Place of Business, 313 Caroline

James A Shinn M. D.

Coroner's Assistant.

Address, Coroner's Office & Register

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John. E. Duning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible] on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95480

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ambrosia M. Decker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 9 *Months,* *Days*

Color W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 582 Lafayette Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Oct 17th 1886

Undertaker, Henry W. Means

Place of Business, # 413 E Fayette St *Address,* 172 Franklin

Geo. C. Jennings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95481 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. A. Spencer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 321. N. Monument

Cause of Death, First (Primary), Gun shot wound of Head

Second (Immediate), Partial Abscess of Brain

Duration of Last Sickness, about 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 18" 1886

Undertaker, Denny & Mitchell *N. Phillips* M. D.
Medical Attendant.

Place of Business, 530 W Fayette *Address,* 582 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9342 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, 1886, BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Early

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} (Bernard Early)

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 52 Randall

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 18th 1886

Undertaker, Denny & Mulcahy

Place of Business, 580 W Fayette *Address,* 110 Fort ave

Wm A. Cooke M. D.
Medical Attendant.

...t from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...N 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ...n who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...ours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...ath. [OVER.]

Board of Health, City of Baltimore,

(14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie O. Raymo

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 486 Mulberry N

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 17 1886 Wm. F. Fries M.D.

Undertaker, Danl F Mitchell Medical Attendant.

Place of Business, 550 W Fayette Address, 192 N Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93484 *Office of Registrar of Vital Statistics.* Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B or C

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Jacob Gengnagel Sr

Sex, Male or Female, {Cross out the word not required in this line.} Jacob Gengnagel Sr

HEALTH DEPARTMENT OCT 16 1886 BALTIMORE

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, {Give Street and Number.} Fayette & Chester Sts.

Cause of Death, First (Primary), Pernicious Fever

Second (Immediate), ~~Heart Stroke~~ Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, Oct 17 1886

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* 1200 E. Pratt St.

C. G. Kuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15

Permit No. 95485

HEALTH DEPARTMENT OCT 17 1886 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hagenhaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT OCT 17 1886 BALTIMORE

Age, 47. *Years,* × *Months,* × *Days*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 8 Pelhus Court

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate,) ×

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 18th 1886

F. E. Kuhy M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address* 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95486 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Mechlinsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1½ Hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 27 Shattuck Lane Dr.

Cause of Death, {First (Primary), /
Second (Immediate), Convulsions

Duration of Last Sickness, / Hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct. 17th 1886

Undertaker, Felix Brockowski

Place of Business, 258 Alice Anna St.

[signature] M. D.

~~Medical Attendant.~~

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Examined into by M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 25481 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 16th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* 8 *Months,* 21 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 4 Peach Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Oct 17 1886

Undertaker, H Rapp & Co

Place of Business, 76 Eutaw cor Lee

J. A. Gillis M. D.,
Medical Attendant.

Address 180 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95288 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1886 FILED BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kilfoyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12½ E. Monument St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 17 1886

Undertaker, Jas P Byrne

Place of Business, Front St

A. T. Reynolds M. D.
Medical Attendant.

Address, 922 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95489 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thornton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 57 yrs.

Place of Death, {Give Street and Number.} 107 S. Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion of Heart.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rock Creek. Anne Arundel Co

Date of Burial, Oct. 18. 1886

Undertaker, M. A. Dager

Place of Business, 44 S. Bway

John F. Thomas M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

44100 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95491 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

V

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 145 N. Chester St

Cause of Death, First (Primary), Burns

Second (Immediate), Shock

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 18th 86

Undertaker, G. Orrance

Place of Business, Grant & Wolfe Sts. *Address,* 234 N. Bond

G. F. Swope M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore. 12

Permit No. 95491 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Banks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 weeks & 2 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 1 Morris Alley.

Cause of Death, First (Primary), Marasmus

Second (Immediate), ——

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 18th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard

M. E. Hargrave M. D.
Medical Attendant.

Address, 145 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

Permit No. 95492

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Seven *Days*

Color, Colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1217 Maryland Ave.

Cause of Death, First (Primary,) Infantile Convulsions

Second (Immediate,) .....

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 1886

Undertaker, Alex Kemsley

Place of Business 116 Orchard St

W. H. Thompson, M. D.
Medical Attendant.

Address 311 W. Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95493 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, October 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Dawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 836 Preston St.

Cause of Death, First (Primary), Degeneration of the Stomach

Second (Immediate), Haematemesis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 18th

Undertaker, H. C. Windefeld

Place of Business, 100 Greenmt Ave *Address,*

Thos Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95494 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 18 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 16 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Morse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Commercial Traveller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 235 Hoffman St.

Cause of Death, First, (Primary,) Malarial

Second, (Immediate,) Typhoid Typhoid

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Oct 18/86

Undertaker, Chas F Scriven

Place of Business, 271 N Eutaw

Edward A. Mans M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93495 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Shannan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 4th Division

Cause of Death, First (Primary), Typho Malarial fever

Second (Immediate),

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 18/86

Undertaker, Chas L Scriven

Place of Business, 271 St Eutaw

Geo W Townsend M. D.
Medical Attendant.

Address, 193 Putnam

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95496

Office of Registrar of Vital Statistics.

12"

The Physician who attended any person in a last illness is responsible for the information of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 19 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, October 17. 86.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Emma Ferguson

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 210 Madison Ave

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 19 86

Robt N Johnson *M.D.,*

Medical Attendant.

Undertaker, Chas. T. Scrivin

Place of Business, 27 N Eutaw *Address,* 64 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPT. OCT 18 1886 BALTIMORE, MD.

Permit No. 95497 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct' 17th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Margaret Nolan

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 44 *Years,* —— *Months,* —— *Days,*

Color, Wh.

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and Number. } # 254 N. Howard St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 or 3 yr.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial. Oct 19/86

Undertaker, Chas J Scriven

Place of Business, 271 N. Eutaw

W. J. Lockwood M. D., Medical Attendant.

Address, Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95498 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 18 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Two Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49 E Madison St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 18 1886

Undertaker, A Rosenberger

Place of Business, 61 Park Ave

D. F. Phillips M. D.
Medical Attendant.

Address, 211 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95299 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT OCT BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 16: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomazine J. Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} 93 Hillen St

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate),

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct 18th

Undertaker, Evans and Spence

Place of Business, 1000 E. Balto. St. *Address,* 201 Saint. Ave

G. H. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 75504

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95300 *Office of Registrar of Vital Statistics.* 13th

HEALTH DEPARTMENT OCT. 18 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert F. Pattison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give Street and Number.} 182, Pabrey Al

Cause of Death, First (Primary), Congestion of Lungs.

Second (Immediate), Asphyxia -

Duration of Last Sickness, About 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 19th

Undertaker, J J Cowan

Place of Business, 89 Hollins st *Address,* 105 Lanvale st City

B. S. Rosebury - M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95301 *Office of Registrar of Vital Statistics.* Date 20

RECEIVED OCT 18 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Male child of Frank & Annie Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 0 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 12 Elm Place

Cause of Death, First (Primary),

Second (Immediate), Spasm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Oct. 28

Undertaker, Walter Immel

Place of Business, 316 W. Baltimore Address, 601 Franklin

G. A. Fleming M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

... each week. No. 95502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95502 *Office of Registrar of Vital Statistics.* **Ward** 14th

HEALTH DEPARTMENT OCT 19 1891 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 17, 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Kaufman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 12 *Days.*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 839 Pennsylvania Ave.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Capilary Bronchitis.

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 18

Undertaker, Walter Immel

Place of Business, 215 W. Biddle

F. W. Wilson M. D.
Medical Attendant.

Address, 839 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

of one week

No. 95503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95503 *Office of Registrar of Vital Statistics* Ward 20

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eula Reese,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* ~~Days~~

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 318 Preston St.

Cause of Death, First (Primary), Malignant Diptheritis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Oct 20 / 8

Undertaker, Walter Imse

Place of Business, 315 N. Bidles

S. Pickett M. D.
Medical Attendant.

Address, Penna Ave & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

to the Office ... on issued Saturday of ...

No. 95504

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95504 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 18 1886
BALTIMORE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give Street and Number.} 34 McKim

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2½ Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th

Undertaker, W. M. Madden

Place of Business, 132 East St.

J H Robinson M. D.
Medical Attendant.

Address, 287 Gilmor Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials, to the Office wh... ...Saturday of each week. 95505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95505 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, October 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. H. Israel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1517 McCulloh St

Cause of Death, First (Primary), Spinal sclerosis

Second (Immediate), Congestion of Brain

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 18th 1886

Undertaker Stewart & Mowen

Place of Business, 35 Park Ave 28 Boundry Nr Roy ad Avenues

F. T. Miles M. D.
Medical Attendant.

Address, 514 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 95506

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95506 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G L Cotton

Sex, Male or Female, {Cross out the word not required in this line.} (Lula) female

Age, 24 *Years,* 6 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Milliner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 84 Church St

Cause of Death, First (Primary), Severe mental strain

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~M. A. Dwyer~~ Baltimore Cemetery

Date of Burial, Octo. 18 1886

Undertaker, M. A Dwyer

Place of Business, 74 S. Bway

Daniel V. Mowen M. D.
Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9550 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE, MD.

Permit No. 95507. *Office of Registrar of Vital Statistics* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Endocarditis

Second (Immediate), Heart failure

Duration of Last Sickness, Not known.

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, 17th Oct. 1886

Undertaker, H. W. JENKINS & SON'S UNDERTAKERS

Place of Business, Park & Saratoga Sts.

William S. Gordon M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[over.]

No. 95508

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95508 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, One *Years,* One *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 5 Dawson all

Cause of Death, First (Primary), —

Second (Immediate), Bronchitis (acute)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Oct 18 86

Undertaker, H Ross & S

Place of Business, 99 Courtland *Address,* 158 S Paca st

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

95509

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95509 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Harvey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Residence 457 Scott St.

Cause of Death, First (Primary), Crushed to death at the

Second (Immediate), Hamburg St and Ohio Av Crossing by engine No 107 of the B & O Road

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 18th 1886

Undertaker, Wm J Tickner

Place of Business, 211 S Eutaw St

D J Flannery M. D.

~~Medical Attendant.~~ Coroner

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 95510

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95510 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH. D

Date of Death, Oct 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Chew Rawlings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 10 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, Most of life

Place of Death, {Give Street and Number.} 79 Franklin St

Cause of Death, First (Primary), Senility

Second (Immediate), Exhaustion

Duration of Last Sickness, In bed about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 15th 1886

Undertaker, Gray & Mitchell

Place of Business, 530 W Fayette St *Address,* 75 Franklin St

Jno. G. Lay, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 95511

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95511 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizabeth Morris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fayette Co. Penna

Duration of Residence in the City of Baltimore, About 15 yrs

Place of Death, {Give street and Number.} 199 W. Hoffman St.

Cause of Death, First (Primary).

Second (Immediate). Apoplexy

Duration of Last Sickness, 1/2 hour.

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 19th 1886

Undertaker Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 181 Linden

Henry Chandlee *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 95512

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95372 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday Oct. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Palmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 153 Queen St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th

Undertaker, Powell & Chaney

Place of Business, 173 West St *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...each week. No. 95516

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93373 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Oct. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 228 N. Dallas St.

Cause of Death, First (Primary), Hemorrhage from the Umbilicus

Second (Immediate),

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cem.

Date of Burial, Oct. 18th 1886

Undertaker, N. Fink & Son

Place of Business, 461 W. Gay St.

E. B. Fenby M. D.
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 95514

Board of Health, City of Baltimore, 192

Office of Registrar of Vital Statistics.

Permit No. 95514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lily Beck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} 5-37 Mulberry St. Balto.

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 18 86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St.

Amanda J. Innis, M.D.,
Medical Attendant.

Address, 93 Harlem Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 95515

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95515 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 15 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schittek

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} New No. 4523 S. Bethel Av

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer

Date of Burial, Oct. 19/86

Undertaker, Frank Cook

Place of Business, 949 S. Durham *Address,* 4523 Aliceanna

John H. Rehlmeyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9556

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9556 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Fiery

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 108 N Holiday

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Forestown

Date of Burial, Oct 18

Undertaker, Wm F Schaeffer

Place of Business, 5 S. Front St

Geo Buchanan M. D.
Medical Attendant.

Address, 176 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.

No. 95517

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95377 *Office of Registrar of Vital Statistics.* Ward 5 — 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 Octob. 1886

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Pfeil

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 66 *Years,* 5 *Months.* 3 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death. {Give street and Number.} 110 East str.

Cause of Death. First (Primary), } Consumption

Second (Immediate).

Duration of Last Sickness, ab. 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, Octob 19 1886

Undertaker Geo. Rinehart

Place of Business, Health Office *Address,* cor Hisg. & Shows

C H Coffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S... ...and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Peck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days*

Color, Dark *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,)

Second (Immediate,) Epilepsy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble Cemetery

Date of Burial, Octob 18th/886

Undertaker, Geo. Rinehart

Place of Business, Health Office

D. S. Hoffman M. D.
Medical Attendant.

Address 979 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95519 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bond

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 31 Bennett.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 31 Bennett. Al

Cause of Death, First (Primary), Cholera infantum

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 18th 1886

Undertaker, H. Sander & Sons

Place of Business, 1708 1710 Eastern

A. L. Garner M. D.
Medical Attendant.

Address, Bank & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9562

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 11 C

Permit No. 9562

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Neitzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 67 Druid Hill Ave

Cause of Death, First (Primary), Carcinoma of Bladder

Second (Immediate), Exhaustion

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 19 1886

Undertaker, H Rosenberger

Place of Business, 61 Park Ave

J. Edwards M. D.
Medical Attendant.

Address, Charles & Centre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 95521

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95521 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 16, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Captain Richard Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty (80) *Years,* Five (5) *Months,* Five (5) *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Ship Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, Twenty (20) Years

Place of Death, {Give Street and Number.} No. 280 East Fayette Street

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 19th 86

Undertaker, Armstrong & Dem

Place of Business, 263 Light St *Address,* No 102 N. Broadway

Wm H Clendinen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9552

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95524 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto D. Bankotten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Organ Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} N.E. Cor Caroline & Balto St

Cause of Death, First (Primary), Heart Dilatation

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Two minutes

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Oct 20-86 Hall Ruddy

Undertaker, M. Clunk & Son M. D.

Medical Attendant.

Place of Business, [illegible] *Address,* 101 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 755

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95523 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 18th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Donavin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Fireman B & O. R.R

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Clark Co. Virginia

Duration of Residence in the City of Baltimore, Five days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Comp. fracture Thumur

Second (Immediate), Septicaemia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Summit Point Va.

Date of Burial, Clark Co. Oct. 19. '86

Undertaker, J. B. Cooke

Place of Business, 707 W. Balto St.

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4401

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9532 *Office of Registrar of Vital Statistics.* **Ward** 14

HEALTH DEPARTMENT
OCT 20 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH

Date of Death, 10, 18, 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret H. Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 S. Stockton St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, Last attack 2½ Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Shars St

Date of Burial, Oct 19th 1886 Louis M. Eastman M. D.

Undertaker, Alex Hewsler Medical Attendant.

Place of Business, 116 Richard St *Address,* 319 Lee Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93525 *Office of Registrar of Vital Statistics.* Ward 17 2

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Curran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months.* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fire-Marshall of the B & O. R. R - Locust Point

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time -

Place of Death, {Give Street and Number.} 16. Hull st.

Cause of Death, First (Primary), Fracture of the Skull - with depression ~~accord~~ and rupture of the blood vessels causing a clot of blood of about 2½ or 3 oz -
Second (Immediate), Shock -

Duration of Last Sickness, about 6 hours - The fracture etc. was due to blows inflicted with murderous intent by John Burke Jr & James Kennedy -

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 19th 86

Undertaker, Daniel Flynn

Place of Business, 109. West St

Frank J. Flannery M. D.
Medical Attendant.
Coroner
Address. 1701 Dr. Hill ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95326 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 154 S. Charles

Cause of Death, First (Primary), Spinal Irritation

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters. Cemetery

Date of Burial, Oct 19th

Geo. H. Benson M. D.
Medical Attendant.

Undertaker F. W. Poll

Place of Business, 421 Hanover St *Address,* 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of the City of Baltimore.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE, MD.

Permit No. 9532 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 18: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stefanick (Prince)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 153 Pine Catherine st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ground Waverly

Date of Burial, Oct 20th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

E. C. Williams M. D.
Medical Attendant.

Address, 201 Mass. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 77

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE MD

Permit No. 95528 *Office of Registrar of Vital Statistics.* Ward 6 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, October 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Jamart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 1/2 *Years,* ~~*Months,*~~ ~~*Days.*~~

~~*Color,*~~ White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Collector of bills &c — Baltimore

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} On 144 N. Bond St

Cause of Death, First (Primary), Fracture of vertebra - injury to spinal-cord

Second (Immediate), Gradual extension of injury & asthenia

Duration of Last Sickness, 21 months —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 20th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave ~~N.E. Royal & Boundary ave~~ *Address,* 521 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95529 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Parisi Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 290 S. Ann st

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemt.

Date of Burial, Oct 19, 86

Undertaker, Edw Brosnahan

Place of Business, 258 Ann st *Address,* 22 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE, MD.

Permit No. 95330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Hunt Hamill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 377 Guilford Ave.,

Cause of Death, First (Primary,) Diphtheria,

Second (Immediate,)

Duration of Last Sickness, About Seven days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct. 19/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

D. N. Cathell M.D.
Medical Attendant.

Address 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
OCT 19 1886
BALTIMORE MD

Permit No. 9553 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 18th Oct 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnny Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give Street and Number.} Baltimore Chesney Alley No 3

Cause of Death,
First (Primary), ...
Second (Immediate), Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md.

Date of Burial, Oct 19th 1886

Undertaker, Wm M Chas

Place of Business, 148 E Monument

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 95532 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anastasia Steele

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 6 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 703 (rear) S. Wolfe st

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 20th 86

Undertaker, G. Trance

Place of Business, Bank & Wolfe sts. *Address,* 1727 E. Balto. st.

P. S. Daneck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 455

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE MD.

Permit No. 95333 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. Edwards

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} Nursery & Child's Hospital

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Oct-19

Undertaker, C H Bryan

Place of Business, 207 Penn ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 7[illegible]

Health Department, City of Baltimore.

Permit No. 95734 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT, OCT 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twelve hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fardner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 49 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, city 19 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 9 Byrd St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Abscess

Duration of Last Sickness, 1 Mon

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct 19 th 1886

Undertaker, B. Hark

Place of Business, # 82 West St

R. H. P. Collins M. D.
Medical Attendant.

Address, 9 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95535 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 111 So. Bethel (609)

Cause of Death, First (Primary), Consumption - Acute

Second (Immediate), Pleurisy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Oct 19

Undertaker, John E Grace

Place of Business, Caroline st 313

Geo L. Dunton M. D.
Medical Attendant.

Address, 97 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. OCT 19 1886 BALTIMORE MD.

Permit No. 95536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 17, 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Child of Rosa Crawford

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 52 Raborg St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Premature birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 18, 86

Thomas E. Sears, M. D.
Medical Attendant.

Undertaker, Fred'k A. Kuchenbuch

Place of Business, Health Office *Address,* 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95337 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, October 10-12 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Althaus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} University Hospital. Cor Greene & Lombard

Cause of Death, First (Primary), Endocarditis from Rheumatism.

Second (Immediate), Pulmonary Apoplexy.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 17, 86

Undertaker, Fred'k Keuchler

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE MD.

Permit No. 95338 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Alvenda Tucker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Harmony Lane # 79

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Port Cemetery

Date of Burial, Oct 16/1886

Undertaker, F C Keelan

Place of Business, 30 Harlem Ave

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter W Sott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, W. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 37 Barnet St (Barnes St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus Ci

Date of Burial, Oct. 19. 86

John H Bolton M. D
Medical Attendant.

Undertaker, Frank Craft.

Place of Business, 249 N. Amhansi,

Address 542 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 95540 *Office of Registrar of Vital Statistics.* Ward 2d

HEALTH DEPARTMENT
OCT 20 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 18th October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Caroline Street 210.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 Days'

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Oct 20/86

Undertaker, Frank Crach

Place of Business, 249 S Durham *Address,* S. Wolfe St. 318 E. 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 95541 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT OCT 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Althoff

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} male Male

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 401 William st Extended

Cause of Death, First (Primary), Dentition. Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemet

Date of Burial, Oct 19th 1886

Undertaker, Michael Doyle

Place of Business, 200 S Charles St

F. J. Flannery M. D.

Coroner ~~Medical Attendant~~

Address, 404 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 95542 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lilly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months.* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give Street and Number.} 956 W Balto st

Cause of Death, First (Primary), old age

Second (Immediate), Congestion on Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Oct. 21/86

Undertaker, J B Cook

Place of Business, 1003 W Balto

James Bowling M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of t...

Health Department, City of Baltimore.

Permit No. 95573 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10. 18. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Barrett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 6 *Months,* 24 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 355 Lexington St. (over)

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Over 2 years or more

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 20th 1886

Undertaker, F. Lewis Belaufer

Place of Business, 109 N Fremont

Wm Eastman M. D.
Medical Attendant

Address, 324 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 95344 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Campbell, Camper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 70 *Years,* ——— *Months,* ——— *Days.*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, About 16 Years

Place of Death, {Give street and number.} No 307 Barney St Balt

Cause of death, First, (Primary,) Disease of the Heart

Second, (Immediate,) Consumption

Duration of Last Sickness, about 12 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 20 1886

Undertaker, H Ro & S S

Place of Business, 95 Conway St

James S Fulton M. D.,
Medical Attendant.

Address, 134 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 95343 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 41 Perry st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20 1885

Undertaker, Hercules Co S S

Place of Business, 96 Calhoun St

E. Ja. Nail M. D.
Medical Attendant.

Address, 1019 E. Hoffman ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 95546 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Stockton al

Cause of Death, {First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount St Emely

Date of Burial, Oct 19 86

Undertaker, William H Dugee

Place of Business, 62 East St

G A Fleming M. D.
Medical Attendant.

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back [illegible]

Health Department, City of Baltimore.

Permit No. 95547 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 30 BALTIMORE MD

Date of Death, Oct 18 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} 21 Fulmer Alley

Cause of Death, First (Primary),

Second (Immediate), Lockjaw

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~Oct 21 86~~

Undertaker, Alex Hunter

Place of Business, Orchard *Address,* Eutaw St

Thos A Thomas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 95518 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 20
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Snowden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} # 528 N Sterling Street

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate),

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Oct 21 1886

Undertaker, William Nburger

Place of Business, 62 or 150 East st

[illegible] M. D.
Medical Attendant.

Address, # 19 Augusta Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 95349 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Ann Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* 6 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 7 yrs. 9 mos. 6 days.

Place of Death, {Give Street and Number.} 15 Vincent alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), "

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Hope St Cemetery

Date of Burial, Oct 11 1886

Undertaker, William N Dunger

Place of Business, 62 or 150 East St

Edward H Lemon M. D.
Medical Attendant.

Address, 326 N Mount St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95550 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... 20 ... BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 20/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Ireland D

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Drunkeness

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 20 "1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 12 Odd Fellows Hall ~~St Paul St~~

Thos J Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 95551

Office of Registrar of Vital Statistics.

Ward 6 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 20 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Lohman Smith

Sex, Male or Female, {Cross out the word not required in this line.} B

Age, ... *Years,* ... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 143 N Wolf St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Laurel

Date of Burial, Oct. 21. 1886

Undertaker, H. Sandy Shaw

Place of Business, 1710 Lanvale Ave

J. H. Collenberg M. D.
Medical Attendant.

Address, 1810 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95532 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Amelia Bonnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 7 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 St Peter St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asphyxia

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 20th 1886

Undertaker, Wm J Tuckner (221)

Place of Business, 261 S Eutaw

George R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95533. *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Herman Zucker

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 3. *Months,* 3 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chemnitz Saxon Germany.

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death, {Give Street and Number.} Watson St old number 15

Cause of Death, First (Primary), Phthisis Pulmonales.

Second (Immediate), Dropsy.

Duration of Last Sickness, About 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct 20 1880 Dr John A. Schultz M. D.

Medical Attendant.

Undertaker, H. Sanders & Son

Place of Business, 1710 Canton Address, N E Cor Gough & Edwards

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 95534 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT, OCT 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Kratz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married -

Occupation, Tavern-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 280 S. Broadway

Cause of Death, First, (Primary,) ~~~~~

Second, (Immediate,) Paralysis of the heart -

Duration of Last Sickness, About one day -

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct. 20, 1886 S. L. Dashiell, Jr. M. D.,

Undertaker, H. Sanderson — Medical Attendant. —

Place of Business, 1710 Eastern Ave *Address,* 700 S. Broadway —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

one visit

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95335 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTER DEPARTMENT OF HEALTH OCT 20 BALTIMORE MD

Date of Death, Oct 19th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Callahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Horse Shoer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give Street and Number.} 487 E Edger St.

Cause of Death, First (Primary), Pulminary Consumption

Second (Immediate), Exaustion

Duration of Last Sickness, about 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 21st 1886

Undertaker, Chas T Scriven

Place of Business, 611 N Eutaw St

Thomas J Simms. M. D.
Medical Attendant.

Address, 242 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ba

Health Department, City of Baltimore.

Permit No. 95356 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Rigger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baden, Baden

Duration of Residence in the City of Baltimore, Fifty nine years

Place of Death, {Give Street and Number.} 96 N. High St.

Cause of Death, First (Primary),

Second (Immediate), Cancer of the Stomach

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 21st 1886

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St.

Nicholas L. Lashill M. D.
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9333 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Robbins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 10 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, a few years

Place of Death, {Give Street and Number.} 1437 to Stricker St

Cause of Death, First (Primary), Diphtheria (Laryngeal

Second (Immediate), Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 20

Undertaker, Andrew Rohde

Place of Business, 41 Lemmon Ave

H. F. Alkemp M. D.
Medical Attendant.

Address, 55 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 95538 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McElroy

Sex, Male or Female, {Cross out the word not required in this line} Female

Age, 66 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 461 Franklin St

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct. 20/86

Undertaker, Denny & Mitchell

Place of Business, 535 N Fayette

James Bacon M. D.
Medical Attendant.

Address, Cor Fayette & Fulton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Bac

Health Department, City of Baltimore.

Permit No. 93559

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1886 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Herbert -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shipping agent. W. Va. Cent. & Pittsburg R.R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown -

Place of Death, {Give Street and Number.} Accidentally Killed at Reinau's coal Wharf -

Cause of Death, First (Primary), Fracture of Skull

Second (Immediate), Shock

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Beltsville Prince George Co

Date of Burial, Oct. 21/86

Undertaker, Denny & Mitchell

Place of Business, Southern Ave *Address,* 1701 Dr. Hill ave -

F J Flannery M. D.

Coroner

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 95560 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE OCT 20 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 20 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Purnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 83 Welcome alley

Cause of Death, First (Primary), Convulsions 1

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, Oct 20th 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,* 177 Chestnut

W. L. Bras M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98361 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie A. Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months. 5 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give Street and Number.} 295 Hollins St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsion

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 21/886

Undertaker, Armstrong Jenny

Place of Business, 832 Light

N. H. Goodman M. D.
Medical Attendant.

Address, 645 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 95362 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Oct 16. 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret C. Ubert.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female.

Age, 46 *Years,* — *Months,* — *Days,*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow.

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } 706 E. Pratt St.

Cause of Death, First, (Primary,) Tuberculosis.

Second, (Immediate,) Intestinal Ulceration.

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 21st 1886

Undertaker, Jas P Byrne

Place of Business, Front st

Jno. T. Powell M. D.,
Medical Attendant.

Address, 309 St Paul St Ext.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95563. *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Klug

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 817 W Pratt St (near Fulton)

Cause of Death, First (Primary), Diph Chorea

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Oct 20 11/1886

Undertaker, E Harle

Place of Business, 82 West St

Jno Boxley M. D.
Medical Attendant.

Address, 319 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ba

Health Department, City of Baltimore.

Permit No. 95564

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the ' rial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. Gillingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 918 Washington Ave

Cause of Death, First (Primary), Uterine Hemorrhage & Miscarriage

Second (Immediate), Collapse

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 20

Undertaker, H. C. Windsor

Place of Business, 100 Gruenmit *Address,* Eager & Carlisle

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 25565 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Veltmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give Street and Number.} 6 Watauga St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel on Park

Date of Burial, October 20

Undertaker, H. Hark

Place of Business, 82 West St

Thos. Cotter M. D.
Medical Attendant.

Address, 110 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95566. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

24

CERTIFICATE OF DEATH.

Date of Death, Oct' 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Murray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, about 6 yrs.

Place of Death, {Give Street and Number.} Union Prot. Infirmary

Cause of Death, First (Primary), Acute Bright's Disease

Second (Immediate), Uraemia

Duration of Last Sickness, about 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Canada

Date of Burial,

Undertaker, Stuart & Morris

Place of Business, 35 Park or 7 McKeldin Bldg

Wm. F. Lockwood M. D.
Medical Attendant.

Address, Parkwood Madison & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 4403.

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 95567. *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stinchcomb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 43 Aisquith

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), ———

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Oct. 21 /86

Undertaker, Michael Funk

Place of Business, 35 Bank St

E. B. Button M. D.
Medical Attendant.

Address, 122 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95548 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary W. Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give Street and Number.} 2215 New No - 541 — E Fayette St

Cause of Death, First (Primary), Inflam Kidneys & Bowels

Second (Immediate), Inflam Kidneys & Bowels

Duration of Last Sickness, Last Serious Illness - 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Somerset Co Md

Date of Burial, Oct 21 st 1886

Undertaker, John Hennig

Place of Business. 382 Orleans *Address,* 394 Lanvale St

J W J Englar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95569 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 19 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Kunkle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 152 East av,

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Pauls Lon

Date of Burial, Oct 20

Undertaker, Wendell Dysard

Place of Business, 157 S Bond

R W Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 95570 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leonard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 173 Harford ave

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, October 20th 1884

Undertaker, Henry Hoeck

Place of Business, N. Central ave *Address,* Canton R.R.

James A. Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John McDe Goey Inspector

Health Department, City of Baltimore.

Permit No. 93571 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 306 Henrietta st

Cause of Death, First (Primary),

Second (Immediate), Typho-Malarial fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 12th 1896

Undertaker, Samuel W Thos

Place of Business, 611 S Howard st *Address,* 1019 N Hoffman ave

R. M. Race *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9537½ *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, October 19th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Bowen,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wales.

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, {Give Street and Number.} # 213 Hiawatha Street. 27th

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Burial Ground

Date of Burial, October 21st 1886

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

Daniel C. Linthicum M. D.
Medical Attendant.

Address, # 214 Hiawatha St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95573 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday Octe. 19th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Meers.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Register of ~~Wills~~ 8th Ward, & Contractor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 70 McKim St.

Cause of Death, First (Primary), Typhoid Fever with Delirium

Second (Immediate), Hemorrhage from Bowels, Exhaustion

Duration of Last Sickness, Over Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 21st 1886 Wilmer Brinton M. D.

Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 160 Greenmount Ave *Address,* Chas. St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95374 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erwin M Devitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 4 *Months,* 13. *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Restaurant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 49 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 805 N. Calvert

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 21

Undertaker, N. C. Winfield

Place of Business, 100 Green st *Address,* 208 Aisquith st

Erwin P. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ca...

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE, MD.

Permit No. 95575 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 18 October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 24 *Years,* 7 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ~~housekeeper~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Memel, Prussia. 4 years in U.S.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} Long Fork 162 (near 220)

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Paralysis of heart

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Oct. 21st 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave *Address,* 720 N Howard St

Dr. F Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 21 1886 REGISTRAR'S OFFICE

Permit No. 95576 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Shaw

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, from childhood

Place of Death, {Give Street and Number.} 213 Aisquith (old No. 27)

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 21 – 1886

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

E. C. Baldwin M. D.
Medical Attendant.

Address, 304 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 93377 *Office of Registrar of Vital Statistics.* Ward 17 "A"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 20. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Finkeen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 4 *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - 14 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 362 S. Short St

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), " Haemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, Oct 22 Th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 512 W. Fayette

A. Schwatk M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 1

Health Department, City of Baltimore.

Permit No. 95578

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eckhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hirschfeld, Bavaria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 210 Wedding alley

Cause of Death, First (Primary), old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 22 1886

Undertaker, Henry Flook

Place of Business, 209 E Eutaw St

John Ayd M. D.
Medical Attendant.

Address, 503 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95379 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry P. Smith.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* Eleven *Months,* Six *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Aiken n. A. near Townsend.

Cause of Death, First (Primary), died Suddenly – do not

Second (Immediate), know cause of death but am confident from natural cause.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 22d 1886

Undertaker, Henry York

Place of Business, Bog & Cedbrook *Address,* 5 5 E Harford ave

Chas R. Elwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95380 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 21 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Riley,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Black,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~18 Upton St.~~ Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 18 Upton St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 21st 1886

E. M. Paul M. D.
Medical Attendant.

Undertaker, Alex Hemsley

Place of Business, 76 Orchard St Address 904 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 93581 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED OCT 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. I. Crum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} 911 N Gilmor St.

Cause of Death, First (Primary),

Second (Immediate), Lobular Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Oct 22/86

Undertaker, J. B. Cook

Place of Business, 1003 W Balto *Address,* 22 S Mun Hanover

J. M. Hundley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4405 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 93382 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 4 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith C. Graves

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 16 Sassafras St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 22nd 1886

Undertaker, J. B. Cook

Place of Business, 100 S. Eutaw

Wm. T. Oldendick M. D.
Medical Attendant.

Address, Cor. Columbia & Fremont Aves.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 93583

Office of Registrar of Vital Statistics.

Ward 20th

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of pareuts.} Richard Wood

Sex, Male or Female, {Cross out the word not required iu this line.} Male

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 50 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1347 N. Calhoun St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 21st 1886

Undertaker, John S. Mackey

Place of Business, No 150 Camden

James Bacon M. D.
Medical Attendant.

Address, Arlington & Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 93384 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 20 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Deane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

V

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 378 East Monument St

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 378 East Monument St

Cause of Death, First (Primary), Cannot say did not attend at birth

Second (Immediate), Congestion of the lungs

Duration of Last Sickness, I am told since birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 21, 1886

Undertaker, Henry McGinnis. *Hilton N. Taylor* M. D.

Medical Attendant.

Place of Business, 4 & 12 Central Ave *Address,* 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 95585 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Roth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 169 N. Eden St

Cause of Death, First (Primary), Anemia

Second (Immediate), Convulsions

Duration of Last Sickness, since its birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 22 d 1886

Undertaker, John Hennig

Place of Business, 222 Orleans *Address,* 439 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95386 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 20 October 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Reder

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 6 Months, — Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} [redacted] William Street 179

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Weakness

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21 October 1886

Undertaker, Bernhard Hahn

Place of Business, 52 West Street

L. E. Reinhard M. D.
Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95387 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 369 S. Eutaw St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 23

Undertaker, B. Hark

Place of Business, 82 West St

L. C. Bierch M. D.
Medical Attendant.

Address, 151 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

(14

Permit No. 95588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 1886,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Fiske Banan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36. *Years,* 7 *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. N.E. of Edmondson & Arlington

Cause of Death, {First (Primary,) Stomach Hemorrhage} {Second (Immediate,) Heart failure}

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 21st 1886

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

Wm McNickerson M.D.
Medical Attendant.

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 95589

Office of Registrar of Vital Statistics.

12

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Margaret Reister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 1109 Penn. Ave.

Cause of Death, First, (Primary.) Obstruction of Bowels

Second, (Immediate.) Collapse

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 23d 1886

Wm. B. Rider M.D.,
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 89 Harlem Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95390 *Office of Registrar of Vital Statistics* Ward 8th

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Stafford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Getz Court

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 21

Undertaker, H. C. Windefeld

Place of Business, 102 Gruumit St *Address,*

Jno Brooke Day M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95591 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fallon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 10 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N. E. Cor. Eager & McKim

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 21 st

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Av *Address,*

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95394 — *Office of Registrar of Vital Statistics.* — Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Patmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* 27 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brooklyn N.Y.

Duration of Residence in the City of Baltimore, 2 Yrs and 2 Mos

Place of Death, {Give Street and Number.} 116 Eutaw

Cause of Death, First (Primary) Acute Membr. Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct. 22nd /86

Undertaker, H. A. Dugan

Place of Business, 74 S. Conway

Geo. L. Dorsey & Son M. D.
Medical Attendant.

Address, 74 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians & Undertakers is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93393 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Gwaltney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore, 3 yrs. Corey St

Place of Death, {Give Street and Number.} Studies of Mitral Valves

Cause of Death, First (Primary), Heart Failure

Second (Immediate), Sick Hd.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 22nd 1886

Undertaker, C F Evans & Son

Place of Business, 207 & 209 Hanover *Address,* 10 Canton Ave

E. Lancey Barclay, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician is respectfully invited to the following Order, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95394 *Office of Registrar of Vital Statistics,* Ward 11 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Black

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 92 Mowis alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 92 Mowis alley

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Oct Feb 21/886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95595 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 21 1888
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 20" 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo" Madam Painter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~~ *Years,* 5. *Months,* ~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 8 Back alley.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Cho" Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Grand Army

Date of Burial, Oct 21" 1888

Undertaker, H Rost. Thos A Hume M. D.

Place of Business, Conway St *Address,* Comm" Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Dunning Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Disease on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95596 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Anna Spencer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 61 N. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 22nd 1886.

Undertaker, Jenny & Mitchell

Place of Business, 65 S. Broadway *Address,* 207 N. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, also to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 75597

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pawuska

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 11 *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, a

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 32 Barnes alley

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. Lutheran Sts. Cr

Date of Burial, Oct. 22. 86

Undertaker, Frank. Craig

Place of Business, 249 N. Durham

Chas. B. Leigh M. D.
Medical Attendant.

Address, 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95598 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hawkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, in her 20th *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 38 Morris Alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), " " Convulsions towards the last

Duration of Last Sickness, About 10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Oct 22 1886

Undertaker, Hercules Ross

Place of Business, 95 Eastern Ave *Address,* 933 Madison Ave

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Tuesday, October 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Rankin,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* 5 *Months,* 6 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, D. D.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newark, New Jersey 33 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Cary St. Mary's Terrace

Cause of Death, First, (Primary,) Senile Decay (old age)

Second, (Immediate,) Remittent Fever.

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Waverly Burial Co

Date of Burial, Oct 22nd 1886

Charles Getz, M. D.
Medical Attendant.

Undertaker, D Emory & Mitchell

Place of Business, 530 W Fayette

Address, 1220 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 93600 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Certificate.

RECEIVED OCT 22 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Ireland~~

Duration of Residence in the City of Baltimore, Three Months About

Place of Death, {Give Street and Number.} Canton Avenue & Lonsdale St.

Cause of Death, First (Primary), Enlargement of Entestines &

Second (Immediate), Consequent inflamation Thereof

Duration of Last Sickness, Four days (About)

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Oct 22nd 86

Undertaker, G. Frank

Place of Business, Bank & Wolfe St. *Address,* #169 Bank St.

A. J. Howard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95601 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH OCT 27 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, October 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Joseph Giustiniani

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Priest

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} Immaculate Conception Parish Residence

Cause of Death, First (Primary), Catarrhal Bronchitis (Old Age)

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem'y

Date of Burial, Oct 23. 1886

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 314 N. Monument st

E. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 95602 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J Baltenbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 272 William st

Cause of Death. First (Primary), Inflammation of bowels

Second (Immediate), ...

Duration of Last Sickness, one week

the above information should be furnished by the Physician.

Place of Burial, H G Lyons

Date of Burial, Oct 30 22

Undertaker B. Hall

Place of Business, 82 West 12

D W Webster M. D.
Medical Attendant.

Address, 106 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Cer...

Health Department, City of Baltimore.

Permit No. 95603 *Office of Registrar of Vital Statistics* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 21st. October.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M. Noel.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifteen (15) *Years,* Six (6) *Months,* Four (4) *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, School-boy.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} No 488. Franklin St. Baltimore.

Cause of Death, First (Primary), Valvular disease (of the Heart)

Second (Immediate), Dropsy. Anasarca. Ascites & Hydro Thorax

Duration of Last Sickness, Many Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 23

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

John. Van Bibber M.D.
per
M C Van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95604 *Office of Registrar of Vital Statistics.* Ward 18 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, October 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Vollmar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 19 Sassafras St

Cause of Death, First (Primary). Pertussis & Debilitation

Second (Immediate), Teething

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 22 the

Undertaker, Andrew Rohde

Place of Business, 43 Kenna Ave

Jos. Sluss M. D.
Medical Attendant.

Address, 76 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95605 *Office of Registrar of Vital Statistics* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, October 20 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Snabb

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eighteen

Place of Death, {Give Street and Number.} Belair Ave. near Bruckley

Cause of Death, First (Primary), Indigestion & Debilitation

Second (Immediate), Infantile Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, 22 nd of October

Undertaker, Matthew Cadogan

Place of Business, N.E. Corner Biddle ave & Mulberry sts.

D. F. Mantuel M. D.

Medical Attendant.

Address, 1429 Belair Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertaiued, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antico Cunningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 110 dlle Eldey st Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 dlle Eldey st

Cause of Death, First (Primary,) .....

Second (Immediate,) Premature Birth

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry D D Glover — *M. D.*

Date of Burial, Oct 22 1886 Medical Attendant.

Undertaker, Henry McGinnis *Address* 137 Orleans St

Place of Business, 8 Centralave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 95607 *Office of Registrar of Vital Statistics.* Ward 6 U

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Duly Filled Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, October 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Kecldweice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 308 N Wolfe Street

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 24 th 1886

Undertaker, John Henning

Place of Business, 382 Caton Ave

C Hall Kelledge M. D.

~~Medical Attendant.~~ Coroner

Address, 611 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 95608 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, 21st Oct 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Elenora Hoye

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1032 W. Lombard st

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1032 W. Lombard st

Cause of Death, First (Primary),

Second (Immediate), Capilary Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 23 d 1886.

Undertaker, John Hennig.

Place of Business, 382 Orleans st

F. V. Bruson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95609 *Office of Registrar of Vital Statistics* Ward 6th

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb Laschke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 553 E. Monument n. Bond

Cause of Death, First (Primary), Fracture columnae vertebralis (Heavy fall)

Second (Immediate), Paralysis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Luth.

Date of Burial, Oct. 22. 1886

Undertaker, H. Sanderson

Place of Business, 1710 Eastern Ave. *Address,* 1525 N. Howard

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95610 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs ~~Mar~~ Johanna Steiger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days*

Color, Wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give Street and Number.} 32 N. Green St.

Cause of Death, First (Primary), Phosphorus Poisoning.*

Second (Immediate), Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct. 23. 1886

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Ave. *Address,*

Wm. F. Lockwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

* Wid over

Health Department, City of Baltimore.

Permit No. 93611 *Office of Registrar of Vital Statistics* Ward 6

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Holzschuh Holzschuh

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years* 9 *Months,* ~~*Days.*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 h. Duke near Monument

Cause of Death, First (Primary), Laryngitis croupora

Second (Immediate), Suffocation

Duration of Last Sickness, 3 da

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Oct 23 1886

Undertaker, Leonhard Ritz

Place of Business, 131 S. Broadway, *Address,* 24 S. Baltimore

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95612 *Office of Registrar of Vital Statistics* Ward 5

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octr 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. T. Anna Phillips (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 126 Aisquith St.

Cause of Death, First (Primary), Imperfect Action of the Heart.

Second (Immediate), Cyanosis

Duration of Last Sickness, Acc. As Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Octr 23rd 1886

Undertaker, Wm. Bockelman Jr.

Place of Business, 132 N. High St. *Address,* Comm. of Health

James A. Steuart M. D.
~~Medical Attendant.~~

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Sam'l A. McLurg Jr. Inspector

Health Department, City of Baltimore.

Permit No. 95613 *Office of Registrar of Vital Statistics* Ward 13th

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Oct 22, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Kuhn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 418 W Lombard st

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, over week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 23

Undertaker, Lofft & Cook

Place of Business, 703 W Pratt *Address,* 319 W Pratt st

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95614 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 20 October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Keppler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* 0 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 317 N. Eden St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 22. 1886.

Undertaker, Wm. F. Hickman.

Place of Business, 2341 Gay *Address,* 364 Madison Ave

H. W. Ames M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95615 *Office of Registrar of Vital Statistics.* Ward 7 11

HEALTH DEPARTMENT OCT 25 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 319 E. Eager St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 22d 1886

Undertaker, H Saunders Jr

Place of Business, 252 Canton Av

G. H. Cook M. D.
Medical Attendant.

Address, 2000 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct. 21 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* —— *Days*

Color, Col *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Hampstead St

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Oct 22 - 1886

Undertaker, J W Maddox

Place of Business, 46 East St

J. J. Levi M. D.
Medical Attendant.

Address 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 95617 *Office of Registrar of Vital Statistics* Ward 2

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, October 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Schornhals.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give Street and Number.} 198 S. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis,

Duration of Last Sickness, Eighth days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Oct 24

Undertaker, W. D. Price

Nicholas L. Dorsett, M. D.
Medical Attendant.

Place of Business, 187 N. Bond *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25618 *Office of Registrar of Vital Statistics.* Ward 8 — 4

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. 1880

a

CERTIFICATE OF DEATH.

Date of Death, Oct 21 - 56

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rondon

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 41 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 533 Forest st

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 3 mos —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 23d 1886

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St

Daniel V. Moyer M. D.
Medical Attendant.

Address, 197 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95619 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPT. OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, October 21th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

~~*Age,*~~ ~~*Years,*~~ 2 *Months,* ~~*Days.*~~

Color, Col'd

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 140 Harmony Lane

Cause of Death, First (Primary), ——

Second (Immediate), Marasmus

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Stump St. Cemetery

Date of Burial, October 22 1886

Undertaker, Dunger-Wm. N. Thos. A. Means M. D.

~~Medical Attendant.~~

Place of Business, East Mad't *Address,* Eutaw M & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Seward S. I.

Health Department, City of Baltimore.

Permit No. 95620 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 20 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Roman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 45 *Years,* ... *Months.* ... *Days*

Color, Cd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 Y.

Place of Death, {Give Street and Number.} 20 McCubbin St

Cause of Death,
First (Primary), Tubercular Enteritis
Second (Immediate), Exhaustion

Duration of Last Sickness, 8 mo

All the above information should be furnished by the Physician.

Place of Burial Samuel Cemetery

Date of Burial, Oct 22 - 1886

Undertaker, W W Madden

Place of Business, 46 East St

Irving Miller M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95621 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 19 Months, 16 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} no 10 Canal St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, Oct 24 1886

Undertaker, William Bruce

Place of Business, 62 East St

C. McK Warren M. D.
Medical Attendant.

Address, 907 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95642 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Sauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* 19 *Days*

Color, white

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Broom Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 431 N. Gay St

Cause of Death,

First (Primary), Malaria Fever

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 24 1886

Undertaker, Henry Hook

Place of Business, 369 W. Lanvale *Address,* 439 N. Central Ave

Francis X. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95623 *Office of Registrar of Vital Statistics.* 18 11

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Elligsee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 36 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 Calverton Road

Cause of Death, First (Primary), Pneumonia Uteri

Second (Immediate), Hemorrhage

Duration of Last Sickness, One (1) Week

All the above information should be furnished by the Physician.

Place of Burial, Leader Park

Date of Burial, Oct 25

Undertaker, John P. Poulson

Place of Business, 66 Fund Ave

Edward Flood M. D.
Medical Attendant.

Address, Eye & Fredrick Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95624 *Office of Registrar of Vital Statistics.* Ward 7 C

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 22 = 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Elizabeth~~ Mathilda B Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* 7 *Months.* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give Street and Number.} 186 E. Madison St

Cause of Death, First (Primary), Softening of the Brain –

Second (Immediate), Asthenia

Duration of Last Sickness, One year –

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 24th

Undertaker, Geo Schiller

Place of Business, 2 Ashland Square

Irving Miller M. D.
Medical Attendant.

Address, 1207 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6

Permit No. 95625

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gordon Goodman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 16 *Days*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 492. E. Eager St

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 24th

Undertaker, Geo. Schilling

Place of Business, 23 Holland Square

J. L. Grupe M.D.

Medical Attendant.

Address 197 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du[ty] of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni[sh] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifi[cate] setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[son] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 95626 *Office of Registrar of Vital Statistics* Ward 2

HEALTH DEPARTMENT OCT 22 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, October 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Kern

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} +

Occupation, +

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, +

Place of Death, {Give Street and Number.} 18 Hammond alley

Cause of Death, First (Primary), ...

Second (Immediate), Asthenia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Paul Com

Date of Burial, October 22d

Undertaker, W Duffel

Place of Business, 157 S Bond

A. V. Gruwiler M. D.
Medical Attendant.

Address, 96 S Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules, etc., on the Back.

Health Department, City of Baltimore.

Permit No. 9562 7 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT CITY OF BALTIMORE OCT 23 1886 MD.

CERTIFICATE OF DEATH.

D

Date of Death, Oct 21 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Doft

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — — — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 552 E. Eager st.

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 23d 86

Undertaker, Wm S. Fry

Place of Business, 8 N Broadway

Thomas J Simms M. D.

Medical Attendant.

Address, 242 N 13 Bay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95628 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heehely Hennade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 73 Elliott St.

Cause of Death, First (Primary), Tubercular Laryngitis

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Texas Bulto Co.

Date of Burial, Oct 23 1886

Undertaker, N. F. Curran

Place of Business, 53 S Broadway

James A. Shaw M. D.
Medical Attendant.

Address, 47 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4406 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt L Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 16 Months, 21 Days.

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Oliver St near Caroline

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery A. G. Watson M. D.

Medical Attendant.

Date of Burial, Oct 23d 1886

Undertaker, W. R. Means *Address* 1301 N. Central Ave

Place of Business, 47 N. Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 95630 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE OCT 23 1886

H

CERTIFICATE OF DEATH.

Date of Death, 22 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fritz Barbye

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 76 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} German home for the aged (W Baltimore St)

Cause of Death, First (Primary), Old age

Second (Immediate), Dropsie

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 24th 1886

Undertaker, Jos B Cook

Place of Business, W Balto St

Dr J Reinhardt M. D.
Medical Attendant.

Address, 720 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 23631 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Koenlein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 275 Sharp St,

Cause of Death, First (Primary), —

Second (Immediate), Phthisis,

Duration of Last Sickness, 6 mos, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 24th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 9 Montgomery

Geo A Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95632 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lora Stokes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gloucester Co Va

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and Number.} # 204 Shields Aly.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, N. Pul Cemetry

Date of Burial, Oct 23 / 1886

Undertaker F. A. Kerchner

Place of Business, Health Office

John L. Hack. M. D.
Medical Attendant.

Address, Gr Aisle Alms House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 95633 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane S. Avery

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* — 20 — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 522 N. Carrollton ave

Cause of Death, First (Primary), Congestion of Brain —

Second (Immediate), Paralysis —

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 24th 1886

Undertaker, Denny & Mitchell

Place of Business, 350 W Fayette St *Address,* 640 N. Carrollton av.

Jno. J. Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93634 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 535 N. Eldering St

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 1886

Undertaker, William M. Dwyer

Place of Business, 62 East St *Address,*

John Boyd *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Rules as below, and to Sec. 2 of Extract on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95635 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT OCT 23 1886 REGISTRAR'S OFFICE

B

CERTIFICATE OF DEATH.

Date of Death, Oct 22 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ridgely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 23 Hanover St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Oct 23 1886 C. E. Doyle

Undertaker, Hercules Ross *M. D.*

Medical Attendant.

Place of Business, 95 Eastern Ave *Address,* 177 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95636 *Office of Registrar of Vital Statistics.* Ward 151

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte M. Eichmann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 9 - *Months,* 11 - *Days*

Color, White -

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House wife -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give Street and Number.} 808, Hanover St

Cause of Death, First (Primary), Disease of Heart

Second (Immediate),

Duration of Last Sickness, Death instantaneous -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25th

Undertaker, H Briele.

Place of Business, Now No 182 & 1 Henriett st

Geo A Strauss M. D.
Medical Attendant.

Address, 9 E. Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9563 7 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT OCT 26 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} matilda Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 21 L Monument st

Cause of Death, First, (Primary,) Leucocythemia.

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 25 1886

Undertaker Alex Hunsley

Place of Business, 116 Orchard 21

Dr. S Booker, M. D.,
Medical Attendant.

Address, 157 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 93638 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bunting

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cor Myrtle Ave & Greenwillow St

Cause of Death, First (Primary), Killed Herself by falling off roof

Second (Immediate), of House, causing fracture of the Skull -

Duration of Last Sickness, Death instantaneous -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23rd 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St

L G Sparrow M. D.

Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95639 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Miles (Mother)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 14 Bowers Row {Magnolia Alley

Cause of Death, First (Primary), Spasmodic

Second (Immediate),

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 23/86

Undertaker, W. N. Hunger

Place of Business,

James H Mears M. D.
Medical Attendant

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is respectfully called to the Certificate.

Health Department, City of Baltimore.

Permit No. 95640 *Office of Registrar of Vital Statistics* Filed 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Rauchmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown to me

Place of Death, {Give Street and Number.} 4 Patapsco Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months & 21 days

All the above information should be furnished by the Physician.

Place of Burial, Sand Emanuel Cem

Date of Burial, Oct 24th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

H. K. Wiley M. D.
Medical Attendant.

Address, 405 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95641 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver A. Munson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* 20 *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} 1347 Stockton

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Typhoid fever

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, Oct 25

Undertaker, Joseph B Cook

Place of Business 1003 W Baltimore *Address,* 193 Preston St

Jed W Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

1407 Fawn

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93642 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Betsworth.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 191 Hanover St.

Cause of Death, {First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 24th "

Undertaker, F. W. Groll.

Place of Business, #421 Hanover St. *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 95647

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95643 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, BALTIMORE, MD.

Date of Death, October 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. A. Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 458 Parkins St.

Cause of Death, First (Primary), Chronic Alcoholic poisoning.

Second (Immediate),

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 27th /86

Undertaker, D. B. Cook

Place of Business, 1003 *Address,* Cor Columbia & Fremont Ave

Geo. A. Chandler *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95644 *Office of Registrar of Vital Statistics.* Ward 17.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Klimmeck

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 47 Cooke St

Cause of Death, First (Primary), /

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Oct 24th 1884

Undertaker, Henry Sanders and Son

Place of Business, 252 Canton Ave *Address,* Canton 252

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John Ma De Goey Inspector

Health Department, City of Baltimore.

Permit No. 95645 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give Street and Number.} 1 Hagers ct

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 24 1886

Undertaker, W W Madden

Place of Business, 46 East St

E. B. Feuby, M. D.
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95646 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 23d October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 164 S. Howard St.

Cause of Death, First (Primary), Malarial Fever and Dropsy

Second (Immediate), Phthisis-Pulmonary

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 25th 1886

Undertaker, Chas W. Chase

Place of Business, 614 S. Howard St. *Address,* 146 Hill St

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 21 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mayberry

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color Col

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 169 York St

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 25th 1886

Undertaker Sam'l C. Chas

Place of Business, 641 S. Howard St

Henry Chandlee M. D
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95648 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Savell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~Single~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 322 E. Bethel St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, oct 24

Undertaker, John E Grace

Place of Business, 313 S. Caroline St

G. L. Wilkins M. D.

Medical Attendant.

Address, 77 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 95649 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H. Hart

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 6 Bounty Lane

Cause of Death; First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Luth Cem

Date of Burial, Oct 25 1886

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Av *Address,* 245 S. Baltimore

J. Statter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9565 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Mc Intyre

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Policeman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 17 Willow St.

Cause of Death, First (Primary),

Second (Immediate), Degeneration of the Kidneys

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct 25 th 1886

Undertaker, A. Fink & Son

Place of Business, 461 W. Pratt St *Address,*

Jno. Bruce Dent M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 95661 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Mulligan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 Burke st.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist

Date of Burial, Octr 24" 1886

Undertaker John W Herbert

Place of Business,

G. G. Keech M. D.

Medical Attendant.

Address, 200 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules & Regulations to be found on page

Health Department, City of Baltimore.

Permit No. 9562 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Oct 22 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, a 50 *Years,* ..... *Months,* ..... *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, School teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 6 Horn st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Oct 24 86

Undertaker, Chas J Lore

Place of Business, 173 Lexington

Chas J Lemmo M. D.
Medical Attendant.

Address, 242 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella C Watts

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~Estella~~ C. Watts

Age, ... *Years,* ..... 4 *Months,* ..... 7 Days

Color, C & C *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 May st

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 24 1886

Undertaker, Wilcox & Dugee

Place of Business, 62 East St

A. Bloch M. D.

Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 95654 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie M Nugent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 hours, ~~Months,~~ ~~Days.~~

Color, White

~~*Married*~~, *Single*, ~~*Widowed*~~, ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 170 Ramsay

Cause of Death, First (Primary), Cyanosis Neonatorum

Second (Immediate), 1 "

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26" /86

Undertaker, Jos B Cook

Place of Business, 707 W. Balto st

Thomas Opie M. D.
Medical Attendant.

Address, 170 Ramsay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9548 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. [illegible] Manus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 223 Park Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 25th 86

Undertaker, Daniel Flynn

Place of Business, 10 S. West St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention [illegible] Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95657 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie F Brady

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Eight (8) Years

Place of Death, {Give Street and Number.} 121 Park Av

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 25th 1886

Undertaker, Henry W. Mears

Place of Business, ~~#~~ 413 E. Fayette St

Hall Pullen M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95657 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} New No. 115 Chapel

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 25th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 1810 E. Balt. St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95658 *Office of Registrar of Vital Statistics.* Ward 8 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octoben 23 days

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Fitz Patrick

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 13 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 130 E Lanvale St - Baltimore

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give Street and Number.} 130 E. Lanvale St

Cause of Death, First (Primary),

Second (Immediate), Convulsions ? Hemorrhage

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 24

Undertaker, Chas Weber

Place of Business, 60 Greenmount Av

Edmund C Gibbs M. D.
Medical Attendant.

Address, 136 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95659 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 October 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Barron

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 146 George St

Cause of Death, First (Primary), Phthisis

Second (Immediate), About 1 year Anthemia

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 26th 1886

Undertaker Stewart & Mowen

Place of Business, 35 Park ave *Address,* 103 McCulloh St

Marbury Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 95660 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Holm

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 20 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Rino 8t

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 25/86

Undertaker, Chas. T. Scurr

Medical Attendant. C. H. Hoffman M. D.

Place of Business, 27 S Eutaw *Address,* 279 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 25 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mammie Schaech

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days*

Color, Wh *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, son

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 518. N. Chas St

Cause of Death, First (Primary,) ____

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Oct 26. 1886

Undertaker, Henry Hoch

Place of Business, 369 N. Central ave

D. J. Gross M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 25662 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew N. Funk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 27 Cooke St

Cause of Death, First (Primary),

Second (Immediate), Cirrhosis of Liver

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Oct 26/86

Undertaker, J. E. Hough & Co

Place of Business, Penna Ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 95663 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the present correct Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Colleen

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 18 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } # 10 Alston St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 25th 86

Undertaker Wm. H. Gray

Place of Business, 65 Hallowell St

John L. Huck M. D.
Medical Attendant.

Address, 24 Argyle Ave Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95664 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S OFFICE
OCT 25 1886
BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, October 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Wetzel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Calvert Road No 14

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, October 25th

Undertaker, L. P. Davis

Place of Business, 466 Fund Ave

Dr. Nicholas Lodding M. D.
Medical Attendant.

Address, Carroll Co. Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95665 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta B. Wolfe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Fayette St — #1200 New No

Cause of Death, First (Primary), Dislocation of the cervical

Second (Immediate), vertebra by falling down back stairway — Death immediate

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct. 26/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balt St *Residence,*

A G Shannon M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95666 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widowed~~ or ~~Widower~~ {Cross out the words not required in this line.}

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 872½ (New Number) W Lombard

Cause of Death, First (Primary), Cerebral Effusion

Second (Immediate), Pulmonary Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 25th 86

Undertaker, J. B. Cook

Place of Business, 1017 W Balto St

D. P. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 93667 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 25 1886 MD

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 8 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 50 Fort Av.

Cause of Death, First (Primary), Disease of Mitral valves

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct. 26th 86

Undertaker, Daniel Flynn

Place of Business, 109 West Pr

P. G. Dausch M. D.

Medical Attendant.

Address, 1727 E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 93668 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Butler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 24 *Years,* — *Months,* — *Days.*

Color, mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nil —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 yrs —

Place of Death, {Give Street and Number.} 215 N Exeter — (Old)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

Duration of Last Sickness, 12 mos —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 26 "/886

Undertaker, W. M. Dungee

Place of Business, East St

D Shutt M. D.
Medical Attendant.

Address, 1403 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 25769. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately* f*ter death*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Becks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Da*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give Street and Number.} 137 N. Calhoun St.

Cause of Death, First (Primary),

Second (Immediate), Organic Heart Disease

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 26th 1886

Undertaker, C. F. Kranz & Son

Place of Business, 209 Hanover St *Address,* 95 Park Ave

A. D. Erich M.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when [no] Physician comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [ov]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95670 *Office of Registrar of Vital Statistics.* Ward 1 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry B. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 81 S Patterson Park Ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Oct. 25. 1886

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway. *Address,* 2000 E. Balt. St.

G. G. Luck *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Geisin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, C

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give Street and Number.} 63 Penn Alley

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Aberdeen Harford Co. Md

Date of Burial, Oct. 26th 1886

Undertaker, Jas. W. Chase

Place of Business, 641 S. Howard St *Address,* 763 N. Fayette St

C. Mc Neil *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4410 Frankl

Health Department, City of Baltimore.

Permit No. 93672 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, October 24 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Alexander

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland Dorchester Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} In water off Millers Wharf

Cause of Death, First (Primary), Accidental Drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Oct 25th 96 C H Mathews M. D.

Undertaker, H C Sandy & Son Attending Attendant.

Place of Business, 1410 Eastern Ave *Address,* 611 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4411 Fremont

Health Department, City of Baltimore.

Permit No. 95673 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Antoviak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cal

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 727 (new) S. Dallas St.

Cause of Death, First (Primary),

Second (Immediate), Tinius Marcentium

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Limit.

Date of Burial, Octo 25th 86

Undertaker, Felix Sworkowski.

Place of Business, 218 Aisquith St. John H. Rehberger M. D.

Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 24th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 17 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} No 1 Low st (Rose)

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Oct 26 1886

Undertaker, H. Sander & Son

Place of Business, 1210 Canton Av *Address,* [illegible]

D. H. Goodwin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95675 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} # 163 (old) S. Regester

Cause of Death, First (Primary),

Second (Immediate), Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ev. Lutheran

Date of Burial, Oct 26 1886

Undertaker, H. Sander & Son

Place of Business, 1910 Eastern Av *Address,* 243 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95676 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Sunday October 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ellin Over

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 26 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 33 Lexington St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Oct 25th 1886

Undertaker, H. C. Sander & Son

Place of Business, 910 Eastern Ave *Address,* 280 Bond St

J. E. Richard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. a

Date of Death, Oct. 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Downs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 11 *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 25 Carleton St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Shrupshire Cemetery

Date of Burial, Oct 25 1886

Undertaker, William A Dugee

Place of Business, 62 East St

J. H. C. Cuddy M. D.
Medical Attendant.

Address, 506 ~~37~~ N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95678 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1886

CERTIFICATE OF DEATH.

Date of Death, October 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Gaasch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 16 Sassafras St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Oct. 26/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. *Address,* Cor. Glenn's Point Av

Wm. A. Aertker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95679 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Daughton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, ~~ed~~

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 3 Tennant St.

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Inanition

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Steups St Cemetery

Date of Burial, Oct 26 86

Undertaker, Alex Hemsley

Place of Business, Orchard St *Address,* Cumberland & R

James A Steuart M. D.

~~Medical Examiner~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 95680 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs A Baylis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Aberdeen Harford Co Md.

Duration of Residence in the City of Baltimore, 146 days

Place of Death, {Give Street and Number.} 178 Pierce

Cause of Death, First (Primary), Disentery

Second (Immediate), Peritonitis

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 26th 1886

Undertaker, F Lewis Schaefer

Place of Business, 109 N Fremont

Louis (illegible) Horn M. D.
Medical Attendant.

Address. 226 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95681 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 25 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Burk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty eight years

Place of Death, {Give Street and Number.} old 398 W. Saratoga St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 26th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Broadway *Address,* 207 S. Broadway

Nicholas L. Bathurst, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93682 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stewart Welsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 4 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 19 Oxford St.

Cause of Death, First (Primary),

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, Oct. 26th 1886

Undertaker, J. W. Elias

Place of Business, 641 S. Howard

R. M. Hall M. D.
Medical Attendant.

Address, 1019 N. Pine ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95683 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fitzgerald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 3 *Months,* [illegible] *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 191 W. Pratt (?)

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 26/86

Undertaker, Chas. L. Screen

Place of Business, 271 N. Eutaw

C. W. Whitehead, M. D.
Medical Attendant.

Address, 191 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 93684 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma and Robert Privett 2 Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ Four Days.

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, Baby

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 64 Myrtle ave

Cause of Death, First (Primary), Premature

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 26th 84

Undertaker, A Hemsley

Place of Business, Orchard St. *Address,* Carey bet Pr

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Howard S. I.

Board of Health, City of Baltimore,

Permit No. 95785 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Coulter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 3 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 137 Bolton St

Cause of Death, First, (Primary,) Debility of old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26th 86

Undertaker, Wolfenden & Son

Place of Business, Park & Waverly Address, 23 McCulloh St

Caleb Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on the [illegible]

Health Department, City of Baltimore.

Permit No. 95686 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 10th Month 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Michael

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 69 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give Street and Number.} 26 N. Gyles Avenue

Cause of Death, First (Primary), Cancer Liver

Second (Immediate), Dropsy

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 28 1886

Undertaker, Jas A Byrne

Place of Business, 53 Front Address, 1113 Madison Avenue

W. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 25687 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen J Farrell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 49 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36

Place of Death, {Give Street and Number.} 252 Hanford Ave

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate),

Duration of Last Sickness, about 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 27 1886

Undertaker, Jas O Ryan

Place of Business, 63 F. mt

Wm B. Bibbins M. D.
Medical Attendant.

Address, 228 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95688 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 1 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Book keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} * 103 N. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 28th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Geo. L Lilyjacks M. D.
Medical Attendant.

Address, * 105 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Quillen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 87 Jasper St. Balto.

Cause of Death, First, (Primary.) Cerebral Palsy

Second, (Immediate.)

Duration of last Sickness, Two days. Complaining for a long

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, Oct 26

Undertaker, Joshua H. Owens

Place of Business, 172 Pearl St. *Address,* 612 N. Eutaw St.

L. Yingling *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 95690 *Office of Registrar of Vital Statistics.* Ward 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Reid

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} # 211 E Baltimore (Town No 1433)

Cause of Death,
First (Primary), Congestion of Brain
Second (Immediate), Coma

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct-27/86

Undertaker, Wm Sutton

Place of Business, 87 W Pratt

Samuel H Powell M. D.
Medical Attendant.

Address, # 94 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95691 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Warren

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, four. *Years,* two *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 1020 N. Mount st.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 26th 1886

Undertaker, John D Marden

Place of Business, No 150 Eastern Av

Wm Wright M. D.
Medical Attendant.

Address, 220 N. Sydney St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95692 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 25. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Thomas Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 829 W. Pratt St.

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct. 26/86

Undertaker, ..., B. Cook

Place of Business, 1003 W. Balto. *Address,* B. B. Cook

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95693 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara M. Barkenbacker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 10 *Months,* 5 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mt. Neulof, Landgrid dist Neustadt, Bavaria Germany

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give Street and Number.} 1919 E. Pratt

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate),

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Oct 26/86

Undertaker, J. B. Cook

Place of Business, 1903 E. Balto. St. *Address,* Cannot find Balto Co

Louis Hollday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95694 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Annie Whittleton (Whittington)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pokomoke City Md.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give Street and Number.} 2 H. al.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Inmediate),

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Pokomoke city

Date of Burial, October 27th 1886

Undertaker, Annie Whittington E. B. Tenby M. D.

Medical Attendant.

Place of Business, 2 H. Alley *Address,* 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

441 N Frans. St

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 95695 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum,

Cause of Death, First (Primary), Marasmus,

Second (Immediate), Exhaustion,

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Oct 26. 1886

Undertaker, John Masterson

Place of Business, Division St.

R. H. Wilmuth, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95696 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Farber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 211 S. Washington St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, First German United Cemetery.

Date of Burial, Octr. 27th 1886

Undertaker, Wm. Nicolaus

Place of Business, 249 Alice Anne st. *Address,* 41 S. Paca St.

James L. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9367 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Neil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - 20 years

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Pernicious remittent fever

Second (Immediate), Exhaustion (Coma)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, N. B. Cem.

Date of Burial, Oct 26th 1886

Undertaker, L. A. Kirchner

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95698 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, October 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rennuel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Ten *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 11 Hope Street.

Cause of Death, First (Primary), Laryngitis - (Croup)

Second (Immediate), Exhaustion.

Duration of Last Sickness, Several days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Oct 27, 1886

Undertaker, Henry Hoak

Place of Business, 369 N Central ave

Chas R. Elwell M. D.
Medical Attendant.

Address, 557 Harford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95699 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wirtz (Weirtz)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months.* ____ *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Gouty ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Oct 27, 1886

Undertaker, Henry Heath

Place of Business, 209 Central ave *Address,* 93 Valley

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95700 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clemmie Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All Her Life

Place of Death, {Give Street and Number.} 250 George St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 27th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

C B Summers M. D.
Medical Attendant.

Address, 87 N Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 95701 *Office of Registrar of Vital Statistics.* Ward 2 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Starchusta

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old # 3 2 Shakspeare st

Cause of Death, First (Primary), ...

Second (Immediate), Entero-colitis

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'ty

Date of Burial, October 27. 86

Undertaker, Fiel & Brosbowski

Place of Business, 258 Ohio Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95702 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Rossi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Rail Road Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy sick, Looking for medical treatment.

Duration of Residence in the City of Baltimore, Came here few days before death

Place of Death, {Give Street and Number.} 12 President St

Cause of Death, First (Primary), Bilious Remittent Fever

Second (Immediate), ...

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Oct 27 '86

Undertaker, Geo. Rinehart

Place of Business, Health Dept *Address,* 2 W Baltimore

D. M. Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95703 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Susan Downs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* / *Months,* 21 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 2 Vincent St near Baker St

Cause of Death, First (Primary),

Second (Immediate), Whooping Cough

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Steuart's Church

Date of Burial, Oct 27 1886

Undertaker, Saml. Chase

Place of Business, 181 S. Howard

Geo. A. Lung M. D.

~~Medical Attendant.~~

Address. Lung M & D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Subject of Births and Deaths.

Health Department, City of Baltimore.

Permit No. 95704 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT B BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Robertson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 8 weeks — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} Flower & Lucerne Sts

Cause of Death, First (Primary), Teething & Born before Maturity

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 27th 188[illegible]

Undertaker, Wm S Fry

Place of Business, 81 N Broadway *Address,* 121 E Baltimore St

J Ridgway Frame M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Each of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 95705 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Durkin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 Weeks *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 W.

Place of Death, {Give Street and Number.} Residence of

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 48 Hrs

All the above information should be furnished by the Physician.

[illegible] of Burial, Oct 27 1886

[illegible] of Burial, Wally Woodbury

[illegible]ker, J. Hasle

[illegible] Business, 82 West St *Address,*

[illegible] M. D.

Medical Attendant.

Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of [illegible] attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible]er the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as [illegible]tained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25706 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Oct 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus M. McDaniel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 312 Mulberry St (old number)

Cause of Death, First (Primary), Right Hemiplegia

Second (Immediate), Apoplexy

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 28/86

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw *Address,* 49 Franklin St

Gustavus Bobst M. D.
a Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93707 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or stranger, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Fitzpatrick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 16 Concord St

Cause of Death, First (Primary),

Second (Immediate), Congestion Chill

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 27 1886

Undertaker Jas P Byrne

Place of Business, Fichtner *Address,* 120 Concord

Geo B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95708 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Singer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 236 S. Caroll St.

Cause of Death, First (Primary), Infantile convulsions

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 27th 86

Undertaker, G. Tirana

Place of Business, Bank & Wolfe Sts. *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95709 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brackett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 468 West St. near Paca St.

Cause of Death, First (Primary), Abscess of left Antrum and

Second (Immediate), in Consequence Premature delivery

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Octr 27th 1886

Undertaker, John I. Meacher

Place of Business, 15 Camden St

H. H. Webner M. D.
Medical Attendant.

Address, 824 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1413 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9510 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Oct. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary E. Brackett.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 30 hours ~~Days~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 468 West St.

Cause of Death, First (Primary), Premature Birth at about 7th Month.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md.

Date of Burial, Oct 27th 1886

Undertaker, John S. Mosher

Place of Business, 150 Camden St. *Address,* 824 W. Lombard St.

H. W. Webner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

443 Grant

Board of Health, City of Baltimore.

Permit No. 9511 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1886

CERTIFICATE OF DEATH

Date of Death, Octo. 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Cullington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 422 Lawrence

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Oct 28

Undertaker Walter Immel

Place of Business, 315 W Bdle St *Address,* 1821 Mad. Ave.

J. W. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9572 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hanson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 30 *Years,* *Months,* *Days*

Color, colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 6 Edward Pk

Cause of Death, First (Primary), Cancer of Rectum

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27th 1886

Undertaker, Saml W Chase

Place of Business, Howard & Hill Sts *Address,* 728 Aisquith St

Daniel V Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95703 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and Duly fills out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and is requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 27 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Octo. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Hannah McMullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa.

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give Street and Number.} 237 N. Eden St.

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), An injury of the Spine received from a fall

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 27, 1886

Undertaker Henry McC. Gaines

Place of Business, 426, Central Ave. *Residence* Saw St & Forrest Place

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE OCT 27 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct: 26: 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Groves

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, (old inhabitant)

Place of Death, {Give street and number} 2708 ~~Rutter~~ 270 E. Fayette

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Y. Phila. Rd

Date of Burial, Oct 27, 1886

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway,

Nathan R. Porter M. D.
Medical Attendant.

Address, S.W.Cor. Charles & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95710 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 26, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Hagerty

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} # 502 Franklin St.

Cause of Death, First (Primary), "

Second (Immediate), Inflammation of Liver "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, October 28th 1886

J. G. Lieuthaum M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 1003 W Baltimore *Address,* 584 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 95716 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, B BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years. 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 148 S. Washington st

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Thomas Cem

Date of Burial, October 28th

Undertaker, W. Lofft

Place of Business, 157 S Bond *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD DEPARTMENT
OCT 27 1886
BA

CERTIFICATE OF DEATH.

Date of Death, October 26th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Angela McNally

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 4 *Years,* *Months,* 24 *Days*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 4 years 24 days

Place of Death, { Give street and number. } 91 N Pine St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Pulmonary Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 27th 1886

H. D. Larkin M. D.
Medical Attendant.

Undertaker, M Cadogan

Place of Business, 227 Mulberry St *Address* 214 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Penalties

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 95718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 27 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie McNally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 711 N. Fulton Ave.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 27th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St.

Geo. H. Lewis M.D.,
Medical Attendant.

Address, 1287 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 95719 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1886

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas P Malone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Iron Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} Wilkins Av W of Fulton St.

Cause of Death, First (Primary), Typho Malarial Fever.

Second (Immediate), Drunkard

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery Govanstown

Date of Burial, Oct 28th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St. *Address,* 505 N Carrollton Av

Jas L Penncy to M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95720 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 27 1886 BALT. MD.

CERTIFICATE OF DEATH.

Date of Death, October 26th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give Street and Number.} No. 11 Courtland Street.

Cause of Death, First (Primary), Accidentally burned from coal Oil Stove

Second (Immediate), Inhalation of the flames.

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 28. 1886.

Undertaker, Wm. H. Hickman.

Place of Business, 2340 Gay St. *Address,* 1610 Broadway

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95721 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 26 th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Virginia Webber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 35 ——— *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 213 Aisquith

Cause of Death, First (Primary), catarrh

Second (Immediate), Congestion of the lungs

Duration of Last Sickness, about 5 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Oct 28. 1896.

Undertaker, Wm. H. Hickman. Milton N. Taylor M. D.

Medical Attendant.

Place of Business, 2314 E. Gay Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH
OCT 27 1886
BALTIMORE MD.

Date of Death, Oct. 26th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nettie M. Rod[illegible] MD.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White. *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 422. Con Saratoga & Pop.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } Sayne.

Cause of Death, { First (Primary,) Pertussis. / Second (Immediate,) Exhaustion. } V

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem[illegible]

Date of Burial, Oct 28/86

Undertaker, J. Lenk Schaefer

Place of Business, *Address*

J M Carter. ____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 95723 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BUREAU OF VITAL STATISTICS
OCT 27 1886
BALTIMORE MD.

Date of Death, Oct. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Whitewasher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 106 Malcomb A.

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Asthenia

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 27 1886

Undertaker, S W Chase

Place of Business, 195 Howard St

Wm Gombel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 93724 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Bowerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 23 Chestnut alley

Cause of Death, First (Primary), —

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, October 28th

Undertaker, Julius Kochler

Place of Business, Sharp & Cross *Address,* 15 1/2 Hanover St

L. C. Bruce *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95726 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. OCT 27 1886

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Blackmore

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 9 *Months,* 5 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Has not heard from husband for two years

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Pa. late residence, Havensville Mich

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give Street and Number.} 1336 N Eden St

Cause of Death, First (Primary), Chronic Dysentery & Colic

Second (Immediate), " "

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 28th

Undertaker, Geo Schilling

Place of Business, 4 & Leand Bynum

Elias L Price M. D.
Medical Attendant.

Address, 953 Main Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Blank.

Health Department, City of Baltimore.

Permit No. 95726 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myrtle Mae Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~Days~~

~~*Color,*~~

~~*Married,*~~ *Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #420 E Chase st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnea

Duration of Last Sickness, 9 day

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Waverley

Date of Burial, Oct 28th

Undertaker, Geo Schilling

Place of Business, 19 Canal Square

A L. Gaze M. D.
Medical Attendant.

Address, 361 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9572 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. BAL'O OCT 27 1886

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Oscar Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~#~~ 148 N. Fricker St

Cause of death, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct 30th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn Ave *Address,* NC Cor Fayette & Gay

Geo H Lofton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 95728 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, and is requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, October 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 10 *Months,* [illegible] *Days.*

Color, Col.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~. [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, two Years

Place of Death, {Give Street and Number.} 119. Stirling St

Cause of Death, First (Primary), Consumption

Second (Immediate), Convulsions

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, October 27th 1886

Undertaker, W. W. Madden

Place of Business,

James A Cleaves M. D.
Medical Attendant.

Address, Camp 1802

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John Mc. Dr Goey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 95729 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1936 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 27 1936

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J Grogan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Three *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 414 Canton ave

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, October 29/36

Undertaker, H Sandrock & Son

Place of Business, 241 Canton ave *Address,* Canton Md

James A Clemens M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. A. Bernard S. D.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 95730 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1886 MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 26 Patapsco St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Acute Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Octr 27th 1886

Undertaker, Th. Secrest

Place of Business, 35 S. Eutaw

I. C. Burch M. D.
Medical Attendant.

Address. 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95781 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

Date of Death, Oct. 26. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 40 days —

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Oct. 28. 1886

Undertaker, John Masteners

Place of Business, Division St. *Address,* Harlem av. & Calhoun st.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95732 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART. BA... OCT 27 1895

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Wentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Co Penn

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give Street and Number.} 359 Lafayette Av

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 29

Undertaker, C H Stuart

Place of Business, 1037 Pen Av

J. W. J. Taylor M. D.
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93733 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and shall, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE OCT 27 1886

CERTIFICATE OF DEATH.

Date of Death, 27th Oct

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Zürner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 22 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 2 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 58 Wyeth st.

Cause of Death, First (Primary), Typhoid (Malaria)

Second (Immediate), Prostration

Duration of Last Sickness, 7 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28, 86

Undertaker, W. S. Dees

Place of Business, 183 Columbus Address, 166 S. Paca st.

C. L. Buddenbaum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and [illegible]

Health Department, City of Baltimore.

Permit No. 95734 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. E. Katzenberger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} Franklin St # 201

Cause of Death, First (Primary), Infirmities of age

Second (Immediate), Asthenia

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cem'ty.

Date of Burial, Oct. 28th 1886

Undertaker, A. Rosenburger

Place of Business, 61 Park ave *Address,*

L. L. Spanow M. D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95735 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 27 1886

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Gertrude Carter

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 51 Cumberland St

Cause of Death, First (Primary), Empyaema

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 mth

All the above information should be furnished by the Physician.

Place of Burial, Friends Balto Co

Date of Burial, Oct 29th 1886

Undertaker, John R Loughlin & Co

Place of Business, 1408 Penna Ave *Address,* 515 Penna ave

L. Ricketts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9536 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Oct 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Boyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Coal trimmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Oct 28/86

Undertaker, M. A Cain

Place of Business, 74 Broadway *Address,*

P. L Coskery M. D.
per Fairmen Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9537 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Employee at Pennsylvania R. Depot.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 1094 N Ann St

Cause of Death, First (Primary), Uremia

Second (Immediate),

Duration of Last Sickness, Ailing for two or three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th 1886

Undertaker, Henry F. Myers

Place of Business, #413 E. Fayette St *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Disinfectants.

Health Department, City of Baltimore.

Permit No. 95738 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanah Funk

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 Years, *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} 235 Saratoga St.

Cause of Death, {First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 28th 1886

Undertaker, Henry L. Means

Place of Business, #413 E. Fayette St

J. A. W. Smith M. D.
Medical Attendant.

Address, 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 95739

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bruce Mercer Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dale

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 32 N. Mount

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, about one Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 29th 1886

Undertaker, Henry S Nutter W. R. McKnew M. D.

Medical Attendant.

Place of Business, 53 W Fayette *Address,* 382 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Contents Below, and to

Health Department, City of Baltimore.

Permit No. 93740 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 28 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edd Giegling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {~~Cross out the words not~~ required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 179 Pratt near St

Cause of Death, First (Primary), Septicemia

Second (Immediate), —

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Leader Hill Come

Date of Burial, Oct 29 1886

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

Geo W Sprun, M. D.
Medical Attendant.

Address, 193 Pratt near

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9574 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Robbins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 2 *Months,* 2 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Charles Co

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 1437 N Stricker

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mound Olivet Cem

Date of Burial, Oct 28 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

W. F. Kemp M.D.

Medical Attendant.

Address 305 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Back of Page.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
OCT 28 1886
BALTIMORE MD.

Permit No. 95142 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months.* — *Days.*

Color, Col-

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} a.a. Co Md

Duration of Residence in the City of Baltimore, since a boy

Place of Death, {Give Street and Number.} 933 Hanover Lane

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Pleurisy

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, Mar. M. Cemetery

Date of Burial, Oct 28th 1886

Undertaker, Sam'l M. Shaw

Place of Business, 691 S Howard St. *Address.* 1001 Edmondson Ave

H. F. Hill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Health Department, City of Baltimore.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE

Permit No. 93743 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Oct. 27- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catalia Fowler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 379 Eager St.

Cause of Death; First (Primary), Marasmus

Second (Immediate), Ex Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28. 1886

Undertaker, H. Sander & Son

Place of Business, 1710 Eastern Ave

G. G. Linke M. D.
Medical Attendant.

Address, 2003 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to use of Blanks on [illegible]

Health Department, City of Baltimore.

Permit No. 9574 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Cronin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 21 *Days*

Color, White

~~Married,~~ Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 46 Constitution st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 28th 1886

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw St *Address,*

Geo Burke Roy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 95745 *Office of Registrar of Vital Statistics*, Ward 11 C 4

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
OCT 28 1886
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Hagerston~~ Oct. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hagerstone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 ~~XXX~~ 80 *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.} single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 75 Richmond St.

Cause of Death, First, (Primary,) Dont Know any thing was old age.

Second, (Immediate,) I only saw her once about 2 weeks ago

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 29th 1886

Undertaker, Chas T Scrivens

Place of Business, No 911 N Eutaw St

W. D. Booker M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95746 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Oct 27/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italia

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 28th/1886

Undertaker, Geo Pinckard

Place of Business, Health office

Thos J Ware M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 95747 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Brandon Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 62 (old no) W. Stricker St

Cause of death, First, (Primary,) Typhus Abdominalis (Typhoid fever)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 33 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th 1886

Undertaker, John L Meadow

Place of Business, 150 Canton

Robert W Mifflin M. D.,

Medical Attendant.

Address, 425 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 95748

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose M. Hewson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1013 Lurton Ave

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), —

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Oct 28 1886

Undertaker, Miller & Krieger

Place of Business, 62 or 150 East *Address,* 207 N. Strieker

J. H. Cloth *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95749 *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BRANCH REGISTRY OCT 28 1886 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 27/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, Wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 114 S. Broadway St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Oct. 28. 1886

Undertaker, H Lander & Son

Place of Business, 1710 Carlin Ave *Address,* 520 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 95750 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
OCT 28 1896
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Jaroshek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Coal Trimmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 29 N. Madeira

Cause of Death. First (Primary), Alcoholism

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Lutheran S.S. Cem

Date of Burial, Oct 28/96

Undertaker Frank Enoch.

Place of Business 249 N Curtis *Address,* 296 E Baltimore St

James L. Dunkle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 95751 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kroener

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} Committed suicide on a lot on Cross St between Washington ave & Sanitorke St

Residence No 1 Cross St.

Cause of Death, First (Primary), Suicide by Strangulation — Found dead with a piece of cloth twisted tightly around Second (Immediate), the neck. It is supposed that the act was done while deranged from the effects of

Duration of Last Sickness, Malaria

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 29th 1886

Undertaker, Ernst Schloman

Place of Business, 187 Sharp St *Address,* 1701 Dr. Hill Ave.

Frank J. Flannery M. D.
Coroner
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95752 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married V

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 514 Pratt St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 30 1886

Undertaker, Wm York

Place of Business, 309 Mulberry Address, City

F. C. Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95753 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 18 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, October 26. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherina Fabch

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female.

Age, 61 *Years,* 10 *Months,* 29 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Tailoress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hessen Steinau. Germany

Duration of Residence in the City of Baltimore, about 34 Years

Place of Death, {Give Street and Number.} No. 1016 (New Years) Sterling St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Inanition

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cr

Date of Burial, Oct 29 - 1886

Undertaker, Henry Hoerle

Place of Business, 329 W Pratt

John McLoman, M. D.
Medical Attendant.

Address, 244 S. Bridale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

especially invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95754 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1886

Date of Death, October 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Powell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 151 Edmondson Avenue

Cause of Death, First (Primary), Asthenia

Second (Immediate), Paralysis

Duration of Last Sickness, About two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 29/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

C. Neff M. D.
Medical Attendant.

Address, 763 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectfully invited to the Remarks Below, and to List of Disease... on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95755 *Office of Registrar of Vital Statistics.* Ward 20 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 21 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} + 10 Ufford St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 29th 86

Undertaker H. J. Grant

Place of Business, 65 Mulberry *Address,* 65 Mulberry

Chas. S. Huck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95956 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fusie Wentworth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 10 y 6

Place of Death, {Give Street and Number.} 44 Marshall ave.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Apnoea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 27/1886

Undertaker, Armstrong Bros

Place of Business, 963 Light St

R H Ellis M. D.
Medical Attendant.

Address, 913 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9575 *Office of Registrar of Vital Statistics.* **Ward** 23

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 27 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Banister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 36 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} 118 S Dallas Street

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Valvular Disease of Heart

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 28th/1886

Undertaker, Geo. Ritchie & Sons

Place of Business, Health Office Address, 101 N Broadway

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93758 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 28 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Degnan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* 0 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, Seamstress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Remittent fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Oct 28th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,*

J. W. Smart. M. D.
P. A. Surgn. U.S.A. Medical Attendant. 1886.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93759 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, October 28 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith Topping.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* ~ *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 10 1/2 S. Exeter pl

Cause of Death, First (Primary), Gastritis

Second (Immediate), Collapse

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cy

Date of Burial, October 29 1886

Undertaker, Jas P Byrne

Place of Business, 43 Knowl St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Butler St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95760 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT REGISTERED OCT 31 1886 BALTIMORE, MD.

Date of Death, Oct 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 540 Canton Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Octr. 31st 1886

Undertaker, Wm Nicolaus

Place of Business, 249 Alice Ann. *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7 0 7 0 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95761 *Office of Registrar of Vital ~~Statistics~~.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, October 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Boach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give Street and Number.} Blair Ave. opp Breweries Brewery

Cause of Death, First (Primary), Diphtheria.

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, Oct 29th 1886

Undertaker, Wendel Depfer

Place of Business, S. Bond St. *Address,* 429 Biddle Ave

J. G. Westhaus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 95762

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95762 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Britt.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 years *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 64 Myrtle Avenue

Cause of Death, First (Primary), Puerperal Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 29th 1886

Undertaker, Alex Hamilton

Place of Business, 116 Orchard *Address,* 458 N Liberty St.

H Slaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95763 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Reed

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* —— *Months,* —— *Days*

Color, Colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 168 Wilmer Alley - Near Lanvale St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Druid St

Date of Burial, Oct 30th 1886

Edward E. Mackenzie M. D.
Medical Attendant.

Undertaker, Alex Steinmetz

Place of Business, 116 Orchard *Address,* Same to 206 W Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ida Jenkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 11 *Months,* 22 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bradford Co. Pa.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 525 N. Calhoun st.

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) old age

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 29th 86

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

Wm McNickerson M.D.
Medical Attendant.

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95765 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 29 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Ott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 1 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germaney in the US 26 years

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 423 187 Mecarey Alle

Cause of Death, First (Primary), Tabes Mesentarica

Second (Immediate), Tabes Mesentarica

√

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct. 31st 86

Undertaker, G. Franer

Place of Business, Bank & Wolfe Sts. *Address,* 28 O Donnell St

I E Linchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25766 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Erben

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, White *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 19 Low Alley

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 1 year last week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 31st 86

Undertaker, G. Francy

Place of Business, Bank & Wolfe Sts. *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95767 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Carroll Nicoll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 426 Lancaster St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 30th 86

Undertaker, G. Francy

Place of Business, Bond & Wolfe Sts *Address,* Low E. Balt st

H. H. Kirk M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully directed to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95768 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPT. OCT 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A CORRECT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Richter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 71½ Hanover St.

Cause of Death, First (Primary), Membrane Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 30

Undertaker, Michael Doyle

Place of Business, 200 Charles St

Wm Lowell M. D.
Medical Attendant.

Address, 170 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, Ward - 1

Permit No. 95769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Schleibaum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 18 *Days*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 144 Dillon St.

Duration of Residence in the City of Baltimore, 18 days

Place of Death, {Give street and number.} 144 Dillon St

Cause of Death, First (Primary,) Spasms.

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Germans united Cemetery

Date of Burial, 30th Oct 3 *Medical Attendant.* L. Schwartz *M. D.*

Undertaker, Wm Nicolaus *Address* 187 Chesapeake St

Place of Business, 238 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

No. 95770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 95770 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1886 6 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Boedmann

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, Years, (2y 6 Months,) Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 49 Low St Balto Md.

Duration of Residence in the City of Baltimore, Entire life

Place of Death, { Give street and Number. } 219 Eastern Ave.

Cause of Death, First (Primary), Bronchitis (Capillary)

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 wks 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dulaney Valley.

Date of Burial, Oct 29th 1886.

Undertaker Lemmon & Spence

Place of Business, 100 E Baltimore

N. G. Keirle M. D.
Medical Attendant.

Hosp. in charge Ch. Hosp. Dis. 2
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25771 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Stella McCaffrey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 Y 4 M 5 D *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 216 Carey St

Cause of Death, First (Primary), Phthisis Pulmonary { Chronic Catarrhal form

Second (Immediate), Exhaustion and Suffocation

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemb

Date of Burial, Sat Oct 30th

Undertaker, J & F Byrne

Place of Business. 59 Liberty St

James Bacon, M. D.
Medical Attendant.

Address, Arlington Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 95772

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotleip Miller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 30. Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 80 Gerst

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Exanition

Duration of Last Sickness, 12. hours.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Burial, Oct 30 1886

Geo W Barkmeier M.D.,
Medical Attendant.

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 198 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95773 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Oct 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Freter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 418 N Washington St.

Cause of Death, First (Primary), Remit. Fever

Second (Immediate), Abscess of Parotid Gland

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Oct 30 to 1886

Undertaker, John Herwig

Place of Business, 382 Orleans

J. H. Collenberg M. D.
Medical Attendant.

Address, 1810 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 1886

Permit No. 95774 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1886 BALTIMORE, MD.

93

CERTIFICATE OF DEATH.

Date of Death, Oct. 28, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis B. Stricker

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co.,

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} N. W. Cor Ramsay & Stricker Sts

Cause of Death, First (Primary), Abdominal Dropsy

Second (Immediate),

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 31

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore St

J. H. Loughran M. D.
Medical Attendant.

Address, 534 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93775 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Kirby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 8 *Years,* 9 *Months,* *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} # 1122 W. Lombard

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Phthisis Pulm -

Duration of Last Sickness, 2 months -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 30, 1886

Undertaker, Jno. J. Cowan

Place of Business, 29 Hollins *Address,* 832 N Eutaw -

Wm. Edw. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90776 *Office of Registrar of Vital Statistics.* Ward 9a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kiffmon

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 46 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 133 S. Durham

Cause of Death, First (Primary), Old age

Second (Immediate), Murasmus

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 30th

Undertaker, John Browne 924 St Flathers M. D.

Medical Attendant.

Place of Business, 224 South Bath Address, Hanover 1023

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to LIST of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95777 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie L. Yingling

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 181 Pulaski old #

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 181 Pulaski

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Oct 30 86

Undertaker, Andrew Rusk

Place of Business, 44 Penna Ave

Ged. W. Amos M. D.
Medical Attendant.

Address, 193 Pulaski

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95778 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Marshal Hall & Hannah Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 817 Mulberry St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 817 Mulberry St.

Cause of Death, First (Primary), Inanition.

Second (Immediate), Convulsions

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Mt Gilbert Balto Co

Date of Burial, Oct. 31st 1886

Undertaker, Saml W Chase

Place of Business, 641 S Howard St

Address, 119 W. Monument St

H. P. Newman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over

Health Department, City of Baltimore.

Permit No. 95779 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1886,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonhardt Albers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5- *Years,* 4 *Months,* 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Children

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 118 Sterling St

Cause of Death,
- First (Primary), Diphtheria
- Second (Immediate), "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 31st at 9:30 o'cl'k

Undertaker, Geo Schilling

Place of Business, Ashland Square Address, 88 S Bethel St

A Trepp Hentzen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 95780 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Octo. 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julie Hartman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Konitzwith Austria

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 1803 Madison Ave

Cause of Death, First (Primary), Fatty degeneration of heart

Second (Immediate) " " " "

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, October 31

Undertaker L. Ahrens

Place of Business, 478 W Balto St Address, 1821 Madison Ave

J. W. Christian M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9578 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliz Lucas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, Cd

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 12 Harrison Lane

Cause of Death, First (Primary), Consumption of bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Lemd Cemetery

Date of Burial, Oct 30 1886

Undertaker, William Dunger

Place of Business, 626 East St or 150

G. W. Deming M. D.
Medical Attendant

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 93782 *~~Office~~ of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 10.28.86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, ~~el~~

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Elliott City, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 213 Ruxton Av

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Lorel Cemetery

Date of Burial, Oct 30 1886

Undertaker, William N Lange

Place of Business, 62 East Pratt or 150

Louis M Eastman M. D.
Medical Attendant.

Address, 329 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95783 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. James Carlisle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 13 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Tuberculosis of Lungs & Cerebritis of Brain

Second (Immediate), Heart failure

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 30th 1886

Undertaker, John J. Macher

Place of Business, 15 & Camden St

Harry Friedenwald M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95784 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Hammett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3y 8mo

Place of Death, {Give Street and Number.} 807 W. Pratt St

Cause of Death, First (Primary), Laryngitis Pseudo Membranous

Second (Immediate), Asthenia

Duration of Last Sickness, 4 da

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 31/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

H. L. Hynson, *M. D.*
Medical Attendant.

Address, McCullough & Lauraine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96785 *Office of Registrar of Vital Statistics.* Ward 14 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Ellis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months.* *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 248 Arlington Ave

Cause of Death, First (Primary), Capt Bronchitis

Second (Immediate), Dyspnoea

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Nov 2nd 1886

Undertaker, Jos B. Cook

Place of Business, No 1003 W Baltimore St

A. J Bell M.D.
Medical Attendant.

Address, 234 Mos Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No 4415 Evans

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7786 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz. Ritterhofer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 205 Pierce St.

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of brain

Duration of Last Sickness. 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 30/86

Undertaker, J. B. Lester

Place of Business, 707 W. B. St. Address.

J. T. Wilson M. D.
Medical Attendant.
837 W. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 95787. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Porter
Lillie M. Porter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} 237 N Gilmor St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, October 30th 86

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Geo H Cook M. D.
Medical Attendant.

Address, 1126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95788 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10/28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia May Kilpatrick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 1 Months, 22 Days

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 290 Franklin

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 30th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

G. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95789 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Oct 29. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Wohrmuth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* Ten *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Belair Ave cor Oliver Street

Cause of Death, First (Primary), Indigestion —

Second (Immediate), Indigestion.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical cem

Date of Burial, Oct 30 1886

Undertaker, Wm. Sander & Son

Place of Business, Nos. 1708 & 1710 Eastern Ave *Address,* 1429 Belair Ave

J. F. Marshall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93790 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Matilda Thieme

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 29 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty One Years

Place of Death, {Give Street and Number.} Maryland General Hospital.

Cause of Death, First (Primary), Spinal Meningitis

Second (Immediate), asthenia

Duration of Last Sickness, 40 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 1st 1886

Undertaker, John Herring

Place of Business, 382 Orleans

D. Shell M. D.
Medical Attendant.

Address, 403 N Exeter 4164

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95791 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Keller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, √

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 636 N. Fayette st

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions.

Duration of Last Sickness, about 2 Wks —

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Oct 31-1886

Undertaker, Harris Landsberg

Place of Business, 52 N Butt now 708 E. Butt

W. R. McGraw M. D.
Medical Attendant.

Address, 582 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 95792 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 93 Lee St

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Oct 31 1886

Undertaker, J S W Chase

Place of Business, 19 & Howard ave

A. McKaan M. D.
Medical Attendant.

Address, 1019 E Fayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Chambers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 190 Chestnut alley

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cemetery

Date of Burial, Oct 31 1886

Undertaker, W H Chase

Place of Business, 198 Howard ave

O Edw Janney M. D.
Medical Attendant.

Address, Dispensary
12th & Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9579 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Fortman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 185 Constitution St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 1st

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt Ave

Geo B Raymond M. D.
Medical Attendant.

Address, 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9575 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Schroner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 42 St Peter St

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 31st 1886

Undertaker, Heinrich Wiegand

Place of Business, 1006 Druid Hill Ave *Address,* 405 W Lombard St

306 Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95796 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 30. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Child of Isaac & Hannah Peele

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give Street and Number.} 171 Edmondson Av

Cause of Death, First (Primary),

Second (Immediate), Cyanosis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Wells Found Rest Cemetery

Date of Burial, October 31st, 1886.

Undertaker, Evans & Spencer

Place of Business, 1005 E Balto St

J. W. Hanck M. D.
Medical Attendant.

Address, 1005 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95797 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

31 B

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Corpeer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} In rear of 150 East St

Cause of Death, First (Primary), Ascites

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31 1896

Undertaker, William A Pierce

Place of Business, 62 East St

J. E. Gorsuch M. D.
Medical Attendant.

Address, Aisquith & Hoff Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95198 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1886 BALTIMORE

Date of Death, Oct 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 218 Hanford Ave

Cause of Death, First (Primary), Gastritis & Peritonitis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 31 1886

Undertaker, Jas O Byrne

Place of Business, 63 N Fremont Address, 1201 N. Eden St

E. B. Jenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1886 BALTIMORE

Date of Death, Oct 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Johnston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Butte City.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 167 Vincent alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions,

Duration of Last Sickness, about 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery. Edward M. Wise M. D.

Date of Burial, Oct 31st 1886 Medical Attendant.

Undertaker, S. N. Chase.

Place of Business, 198 S. Howard St *Address* 199 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95800 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Klaenker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 539 N Holl st

Cause of Death, First (Primary), Gastric Enteritis

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 1st 1886 Wm. L. Russell *M. D.*

Undertaker, John Hennessy Medical Attendant.

Place of Business, 382 Orleans *Address,* 802 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 93801 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie F. Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Payson St Near N Henry

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 1

Undertaker, Joseph B Cook

Place of Business, 1003 Baltimore *Address.* 171 N Caeverit St

Geo. O. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Extract below, and to List of Diseases on back of this C...

Health Department, City of Baltimore.

Permit No. 95802 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Bar C

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A. Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, About Sixty Years

Place of Death, {Give Street and Number.} Preston St # 26

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Effection of the heart Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 2nd 1886

Undertaker, John J Andrews

Place of Business, new No 407 and 409 Druid Hill Ave

L. C. Spamer M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edna Lafsett

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 886 N Baltimore ave

Cause of Death, First, (Primary,) Injury

Second, (Immediate,) Effusion on the brain

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 1st

Undertaker, Geo Schilling

Place of Business, Pratt and Eutaw

E. M. Lee M. D.
Medical Attendant.

Address, 192 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 9580 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 12 Hammond Alley

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, November 1st/86

Undertaker, Michael Funk

Place of Business, 35 S Bank St *Address,* # 243 Aisquith St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 93805 — *Office of Registrar of Vital Statistics.* Ward 18?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E Scebo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 365 West St

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 1st 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 405 W Lombard St

J R Hiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

Health Department, City of Baltimore.

Permit No. 95806 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah A. Hall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 79 years

Place of Death, {Give Street and Number.} 58 Mount near Lexington St

Cause of Death, First (Primary), Suffocation Catarrh

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery.

Date of Burial, Nov 1st 1886.

Undertaker, John S. Macher.

Place of Business, No 150 Camden St.

H. Thomson M. D.
Medical Attendant.

Address, 1008 [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 9380 7 *Office of Registrar of Vital Statistics.* Ward 11th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 10/31/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 5 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give Street and Number.} 951 Orchard St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1st 1886

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address,* 601 Fremont Ave

G A Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 95808 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Olivia Storks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 838 South Paca St

Cause of death, First, (Primary,) Inflammation of Stomach & Bowels.

Second, (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 2nd 1886

Undertaker, Evans and Spine

Place of Business, 1000 E Balto St

A. C. Fox M. D.,
Medical Attendant.

Address, 57 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95809 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 1 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Octo 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia May Owens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 67 Watson st

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 67 Watson

Cause of Death, First (Primary), Phthisis

Second (Immediate), Marasmus

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 1st 1886

Undertaker, Evans and Skinner

Place of Business, 1000 E Balto St

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 15810 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Brennith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 348 Hartford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, Nov 1, 1886.

Undertaker, Wm. H. Hickman.

Place of Business, 234 E. Gay *Address,* 228 E. Pratt St

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95811 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK REGISTRAR'S OFFICE
NOV 1 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Frederick Lobert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 301 Myrtle Avenue

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 2d 1886

Undertaker, Wm G Weaver

Place of Business, No 202 N. Eutaw *Address,* 101 E Madison Ave

John Dixon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th...

Health Department, City of Baltimore.

Permit No. 95812 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, House servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give Street and Number.} 254 McDonough St

Cause of Death, First (Primary), Emphysema

Second (Immediate), ...

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, ~~Nov~~ 1st 1886

Undertaker, ~~P~~ M Madden

Place of Business, ~~76~~ Eastern Ave

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95813 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Nov. 1 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isidore.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), 2x

2x

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 2, 1886

Undertaker, John Martinson

Place of Business, Division St.

R. H. Goldsmith. M. D.
Medical Attendant.

Address, Hanover Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or singie) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Letters below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95814 *Office of Registrar of Vital Statistics.* Ward 13 π

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Philip Leashmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 3356 E. Baltimore st

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Broncho-Pneumonitis } Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonaventure

Date of Burial, November 2d

Undertaker, H. Dippel

Place of Business, 731 E. Baltimore *Address,* 121 E Baltimore

J. Ridgway Hodson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95815 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, October 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Craft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City V

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 38 S. Eutaw St

Cause of Death, First (Primary), Cold & Rheumatism

Second (Immediate), Uremia

Duration of Last Sickness, Ailing for 2yrs or more.

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmanuel

Date of Burial, Nov 3rd 86

Undertaker, Wm J Entwisle Jr

Place of Business, Park & Saratoga

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther Hough McCormick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Nine *Years,* Ten *Months,* seven *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland (Eastern Shore)

Duration of Residence in the City of Baltimore, Fifty years — or more

Place of Death, {Give street and number.} 108 W. Biddle St

Cause of Death, {First (Primary.) Paralysis

{Second (Immediate,) Apothemia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 2/86

Undertaker, Chas J. Semmes

Place of Business, 27 N. Eutaw

Thomas F. McCormick M. D.
Medical Attendant.

Address 437 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9581 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 weeks *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite Hospital Lombard St.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} No. 39 E. Monument St.

Cause of Death, {First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Nov 1st 1886

Undertaker, Geo. Rinehart

Place of Business, Office of B. of H. *Address,* 101 N. Broadway

E H Ruark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95818 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Wilhelm Lehlnich (2)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} November 1-1886 (1)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Douglas Street.

Cause of Death, First (Primary), Bronchitis.

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery Co

Date of Burial, November 2d 1886

Undertaker, C. Bartell & Son

Place of Business, 926 E. Biddle St. *Address,* 1½ S. Exeter St.

Alfred S. Whitehead M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95819 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E. Pattison

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} 219 S. Fallsway

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), "

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3/86

Undertaker, Stewart & Mowen

Place of Business, 535 Park Ave *Address,* Boundary & Mt Royal Ave

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back ...

Health Department, City of Baltimore.

Permit No. 93820 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

94

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hogg

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Facial Erysipelas

Second (Immediate), Septicaemia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 2/86

Undertaker, Sleight & Monroe

Place of Business, 35 Park Ave & Boundary Ave *Address,*

J. Ridley Hoff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9382 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 1st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Aan

Sex, Male or Female, {Cross out the word not required in this line.} White

Age, 73 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Shoe maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 83 Bowen st

Cause of Death, First (Primary), Apoplexy Hemorrhagic

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 3rd 1886

Undertaker, Ph. Seewald

Place of Business, 35 S Eutaw St *Address,* 186 S. Paca st

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 93822 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 3/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rhodes Hanna

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months.* 16 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1022 Edmondson ave

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 1022 Edmondson ave

Cause of Death, First (Primary), Inanition

Second (Immediate), asthenia

Duration of Last Sickness life time

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, Nov 2nd 1886 Jas. E. Gibbons M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette *Address,* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

46 & 16 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95823 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 31 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Jens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* 10 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Married ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Bavaria Germany 36 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 202 N Dallas

Cause of Death, First (Primary), Valvular Dis Heart

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 3rd 86

Undertaker F. H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Canton Av *Address,*

T. S. Moyer M. D.
Medical Attendant.

1 St. Easter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95824 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Redifer.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 206 N Fremont St.

Cause of Death, {First (Primary), Softening of the brain.
Second (Immediate), " " "

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 2nd 1886

{*Undertaker,* Wm Weaver
Place of Business, 202 N Eutaw

John D Pennington M. D.
Medical Attendant.
Address, ~~164~~ 505 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Reliarks below, and to Back of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95825 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Metz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 35 *Years,* 7 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 1214 E. Eager at

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Nov. 3rd 1886

Undertaker, Henry Hoen

Place of Business, 529 N. Central Ave

L. G. Dausch *M. D.*
Medical Attendant.

Address, 1727 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95826 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rufus A. Browning

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 1 *Months,* 25 *Days.*

Color, White ✓

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 12 S. Arlington av

Cause of Death, {First (Primary), Dysentery

Second (Immediate), 2. Mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 2/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St *Address,* 5 & 12 N. Fayette

M. Rice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Queries Below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 05827 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bruno Nelke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Rear No 708 S. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Entero Colitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Church

Date of Burial, November 2 th 86

Undertaker, Fd. Bruchowski

Place of Business, 158 & 160 Aisquith St *Address,* # 243 Aliceanna

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95828 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Davis.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age (62) Sixty-two *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} South Carolina.

Duration of Residence in the City of Baltimore, About six weeks.

Place of Death, {Give Street and Number.} No. 526 Hanford ave.

Cause of Death, First (Primary), Fracture of third Cervical Vertabrae from a fall seven months ago.

Second (Immediate), Paralysis — Extravasation

Duration of Last Sickness, Seven months.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 2nd 1886

Undertaker, Jos. B. Cook

Place of Business No 1003 W. Balto

Chas. A. Elwell, M. D.
Medical Attendant.

Address, 452 Hanford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95829 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 1st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schaefer.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Erie Co. N. Y.

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give Street and Number.} 80 S. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 2/86

Undertaker, W. J. Tichner

Place of Business, 65 S Eutaw St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4052 Sand

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95830 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Seamen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

~~Duration~~ of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 675 S. Charles St near Beach

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Bider Hillsberg

Date of Burial, Nov 2" 1886

Undertaker, L Hark

Place of Business, #82 West St *Address,* 582 W Fayette

W. R. Mc Cuen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95831 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Sept. 31 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hoffman.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, St Ursmans

Date of Burial, Nov 2nd 1886

Undertaker, B Herle

Place of Business, #82 West St *Address,* Haden av. Calhoun

R. H. Goldsmith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95832 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 1 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Urban

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7. *Months,* 10 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 365 N. Durham St.

Cause of Death, First (Primary), Inanition (Dentition)

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bohimean National

Date of Burial, Nov 2. 86

Undertaker, Frank. Leach

Place of Business, 249 N. Durham

Thr J Simms M. D.
Medical Attendant.

Address, 242 S. B Bay.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95833 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Naumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} New # 837 S. Dallas St

Cause of Death, First (Primary),

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity at Loss

Date of Burial, November 2 cd.

Undertaker, H. Dippel

Place of Business, 151 S. Bond st. *Address,* # 243 Alice Anna St

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95834 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T. Keen.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Reporter of Bradstreet. ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 53 Edmondson Av.

Cause of Death, First (Primary), Chronic Nephritis,

Second (Immediate), Uraemia.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Nov. 2/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

John T. Pennington M. D.
Medical Attendant.

Address, 505 A Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95835 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N. Martin, (Martin)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Blk,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} M

Occupation, Coachman,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co., Md.

Duration of Residence in the City of Baltimore, 17 years,

Place of Death, {Give Street and Number.} 243 (old), Morris Alley,

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Phthisis,

Duration of Last Sickness, About 1 year,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 2 1886

Undertaker, Alex Kemsley

Place of Business, 116 Orchard st. *Address,* 247 Lanvale st

J. L. Nate M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95836 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Nov - 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mc Hale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} No - 102 N. Chapel St.

Cause of Death, {First (Primary),

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, No - (2) - days.

All the above information should be furnished by the Physician.

Place of Burial. St. Patricks

Date of Burial, Nov 3rd 1886

Undertaker, M. J. Clarke & Son

Place of Business, 72 O. Ann *Address,* 114 E. Baltimore St.

A. L. Castle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Co...

Health Department, City of Baltimore.

Permit No. 9583[illegible] *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Nov 2, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McNeal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} 71 Hollins st

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 4th

Undertaker, John J Conan

Place of Business, 89 Hollins st

James Bonley M. D.
Medical Attendant.

Address, 819 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93838 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terrence Quigley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grass boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 214 Harrison St

Cause of Death, First (Primary), Peritonitis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3 1886

Undertaker, Jos P Byrne

Place of Business, 63 Penna Ave, *Address,* 171 N Calvert

Chas B Rigney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95839 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina John

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 358 Hanover St

Cause of Death, First (Primary), Pneumonia Fibrinosa

Second (Immediate), Shock

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 4th

Undertaker, Henry Brill

Place of Business, Hanover St

Jno D Blake M. D.
Medical Attendant.

Address, 153 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ver...

Health Department, City of Baltimore.

Permit No. 95-840 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustin Gehring

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 945 n Pratt St

Cause of Death, First (Primary), —

Second (Immediate), old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 4th 1886

Undertaker, Jno P Paulus

Place of Business, 66 Fred. Ave *Address,*

L. G. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95841 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Nov 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, cd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 310 Bethel Row

Cause of Death, First (Primary), old age indigestion

Second (Immediate), Enteritis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3rd 1886

Undertaker, T W Madden

Place of Business, 46 East Pr

E. G. Baldwin M. D.
Medical Attendant.

Address, 304 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93842 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B3

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian Kistowski

Sex, Male or Female, {Cross out the word not required in this line.}

Age. ..... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} old # 229 S. Ann st

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens or Limit

Date of Burial, November 5th 86

Undertaker, Felix Wisniewski

Place of Business, 258 Pitt Corner *Address,* # 243 Alice Ann

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95843 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 1st " 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Brick.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} Died aboard Puppy Mabel R. Lessel - at Lytle's wharf -

Cause of Death, First (Primary), Gastralgia & Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Bohemian Cemetery

Date of Burial, November 3 1886

Undertaker, Felix Brockett

Place of Business, 258 Ohio Ave

A. O'Flannery M. D.
Medical Attendant.
Coroner
Address. 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93844 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 2d November 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliza Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} J

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md.

Duration of Residence in the City of Baltimore, 50. yrs

Place of Death, {Give Street and Number.} 184. S. Howard Ste.

Cause of Death, First (Primary), General debility and old age

Second (Immediate), Paralysis and Apoplexy

Duration of Last Sickness, 6. weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 3 1886

Undertaker, S. W. Chase

Place of Business, 198 Broward Ave

L. D. Dyer M. D.

Medical Attendant.

Address, 146. Hill Ste.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95845 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 6. am 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Dutton.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 16 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 189 Vine St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Convulsions - disease Cerebral

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1886

Undertaker, S. W. Chase

Place of Business, 198 Howard st

A. A. Sexton. M. D.
Medical Attendant.

Address, Lexington 86

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9586 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 2nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Shaw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 1 *Years,* 1 *Months.* 26 *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Camden N. Jersey

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give Street and Number.} 315 Columbia Ave

Cause of Death, First (Primary), Incanitum

Second (Immediate),

Duration of Last Sickness, wasting away all of his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 3rd 1886

Undertaker, C. F. Krause & Son

Place of Business, 209 Hanover

C. F. Maguire M. D.
Medical Attendant.

Address, 412 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and oorrect reoord of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95847 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Rifken

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} +

Occupation, +

Birth Place, {State or country, and how long in the United States, if of foreign birth.} +

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and New No. Number.} 709. S. Dallas. St.

Cause of Death, First (Primary), Marasmus,

Second (Immediate), Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, Nov 4th 1886

Undertaker, H. Sanders Son

Place of Business, New Nos. 1708 & 1710 Canton Av

A. V. Gosweiler M. D.
Medical Attendant.

Address, 96. S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this sheet.

Health Department, City of Baltimore.

Permit No. 9584/8 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHARLES O'DONNELL
NOV 3
BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cels

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} (old) # 175 S. Durham St

Cause of Death, First (Primary), ?

Second (Immediate), Inanition

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls cem

Date of Burial, Novbr 4th 1886

Undertaker, H. Sander & Son

New Nos. 1708 & 1710

Place of Business, Carlton Av. *Address,* # 244 Hillen Av

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95849 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofi Cramer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 9 *Months,* 21 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1801 Fairfield Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 3rd 1886

Undertaker, Stewart & Bowers

Place of Business, 35 Park Ave *Address,* 317 Park Ave

C. D. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of ...

Health Department, City of Baltimore.

Permit No. 9585 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, Nov. 1 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Hunter.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months.* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Purser at Bannan's Hotel.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give Street and Number.} Bannan's Hotel.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Compression of Brain.

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Banner Brae

Date of Burial, Nov 4th 1886

Undertaker, Henry Erkinbrons

Place of Business, Park & Saratoga

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 95851 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar P. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 211 N Pat. Park Ave.

Cause of Death, First (Primary), Inanition

Second (Immediate), Dropsy

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov 4th 86

Undertaker, Chas S. Fry

Place of Business, 87 W Baltimore *Address,*

J. H. Ledlenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 95852 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday November 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Hughes Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 85 South Gilmor St

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 5th

Undertaker, Jos. H. B. Cook

Place of Business, 1003 W. Baltimore

E. D. Morris M. D.
Medical Attendant.

Address, 1209 N. Hayden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95853 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Kaufmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 6 *Months,* ——— *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 15 Hair St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), do do

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 5th 86

Undertaker, G. Frazer

Place of Business, Banks & Wolfe Sts *Address,* 28 O Donnell St

E Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9585 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Caddan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ——— *Months,* 22 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married (leaves 3 small children under 7 years)

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 31 Harris Alley

Cause of Death, First (Primary), Phlebitis Uterine

Second (Immediate), Pyaemia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 4th /86

Undertaker, G. France

Place of Business, Pank & Wolfe Sts. *Address,* 280 Donnell St

J E Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on ...

Health Department, City of Baltimore.

Permit No. 95855 *Office of Registrar of Vital Statistics.* Ward 15-6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday, November 2nd, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Alice Allen,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince Frederick P. O., Calvert Co., Md.

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} No. 6 Hardenia Court.

Cause of Death, First (Primary), Alveolar Abscess producing an Abortion

Second (Immediate), Post-Partum Haemorrhage

Duration of Last Sickness, Nearly three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 4 1886

Undertaker, H. Bost.

Place of Business, 95 E. Monument St. *Address,* 207 Lexington St.

Lelle L. Gorgas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Re...

Health Department, City of Baltimore.

Permit No. 95856 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Line

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} No. 26 Cambridge St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, I saw her but one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 5th

Undertaker, Patrick Schmidt

Place of Business, 265 Aliceanna *Address,* 265 E. Monument

D. Gilly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

She was attended by another Dr before I saw her

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back o

Health Department, City of Baltimore.

Permit No. 95857 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd. Walton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Canton Ave beyond Roe St

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Apnoea

Duration of Last Sickness, Few hrs

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 27 Nov 1886

Undertaker, John C Schuch

Place of Business, 265 Aliceanna

G. L. Dutton M. D.
Medical Attendant.

Address, 124 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95858 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 3 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Norton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 2 Williams st

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 4 / 1886

Undertaker, L Harle

Place of Business, # 82 West St

O. L. Carter M. D.
Medical Attendant.

Address, 114 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95859 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Eberhard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, *Months,* 8 weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give Street and Number.} 536 S. Charles St.

Cause of Death, {First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 4" 1886

{*Undertaker,* D Harle

Place of Business, 82 West St} *Address,* 333 Light St.

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 93860 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov. 3rd. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida B. Wharton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Died at The Md. General Hospital

Cause of Death, First (Primary), Cystic Tumor of the ovaries. 25 & 27 Linden Ave

Second (Immediate), Hemorrhage in the Cysts, & Shock from Operation

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Nov 4th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt Ave *Address,* Chas. St & Forest Place

Medical Attendant. Holmes Britton M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank S Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1302 Spring St. above Preston St

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 4th

{ *Undertaker,* Geo Schilling

Place of Business, Ashland & Lyndhurst

A. G. Watson M. D.

Medical Attendant.

Address 1301 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 95862 *Office of Registrar of Vital Statistics.* **Ward** 74

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hester Jones

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Salisbury Md

Duration of Residence in the City of Baltimore, one week

Place of Death, { Give street and Number. } Balto - Newsome Hospital

Cause of Death. First (Primary), Abscess Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness. one week

All the above information should be furnished by the Physician.

Place of Burial Lauraleon Md

Date of Burial, Nov 3 1886

Undertaker William A Engle

Place of Business, 62 East St

S. P. Hoffman M. D.

Medical Attendant.

Address, 1812 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Specialty Dr. S.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 95863 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch. V. Wright

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 2 weeks *Days.*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Sept 1st

Place of Death, {Give Street and Number.} 106. Fallsway

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 4th

Undertaker, F Booth

Place of Business, 1003 W Baltimore

L. R. Wilson M. D.

Medical Attendant.

Address, 637 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VITA

Permit No. 95864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Savage

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 30 ~~Months,~~ ~~Days.~~

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House work.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 18 Orchard st new number 415.

Cause of Death, First, (Primary,) Hemiplegia from Apoplexy.

Second, (Immediate,) Paralysis

Duration of last Sickness, 9 days.

The above information should be furnished by the Physician.

Place of Burial, Mt Harp. A Cemetery

Date of Burial, Nov 3d 1886

Undertaker, Jno James Gray

Place of Business, 65 Mulberry st

F. F. Keller. M. D.
Medical Attendant.

Address, 146 W. Biddle St
new number 337.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 25865 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gutave Baurot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 1 " "

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 4

Undertaker, [illegible]

Place of Business, [illegible]

Thos. S. Latimer M. D.

Medical Attendant.

Address. 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 95866 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 158 Burgundy st.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Spasm

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 4th 1886

Undertaker, Geo. Lemmon

Place of Business, 389 W Pratt st

C. N. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 93867 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. C

Date of Death, Nov. 3d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Rayner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old # 282 Alice Anna

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare.

Date of Burial, Nov 4th 1886

Undertaker, H. Sander & Son John H. Rehberger M. D.

Medical Attendant.

Place of Business, New Nos. 1708 & 1710 Eastern Ave *Address,* # 1434 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 15868 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josepha Klipner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 7 *Days* 14

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} E Abbott St

Cause of Death, {First (Primary), Pneumonitis Catarrhalis

Second (Immediate), Asphyxia

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cr

Date of Burial, November 5 / 86

Undertaker, Frank Craab

Place of Business, 249 N Durham

J B Schwatka M. D.
Medical Attendant.

Address, Bway & Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95869 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 11. 3. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Bivans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months.* —— *Days.*

Color, ~~ed~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 280 Hamburg St.

Cause of Death, First (Primary), Meningitis (Tubercular)

Second (Immediate),

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov 4th 1886

Undertaker, Saml. M. Chase

Place of Business, 641 S. Howard St *Address,* 329 Lee St

Wm. M. Eshman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 95870 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Neal

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

Color, Col

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 5 Bowers Court

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Nov 4th 1886

Date of Burial, W Public Cemetery

Undertaker, F Kerchner

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

M C Roberts Sanit. Inspector

Health Department, City of Baltimore.

Permit No. 95871 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov - 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert L. Allison -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Black -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} 331 Little Min st -

Cause of Death,
First (Primary), Teething -
Second (Immediate), Dropsy

Duration of Last Sickness, Two months -

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield Cemetery,

Date of Burial, Nov 4 1886

Undertaker, Williard Dorsey

Place of Business, 62 or 150 East *Address,* 17 N Calhoun

Thomas Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of t...

Health Department, City of Baltimore.

Permit No. 9587 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Frances Boston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* *Days.*

Color, colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 1818 S. Wm. Chestnut Alley & Able Sr. 1814

Cause of Death, First (Primary), Puerbal Convulsions

Second (Immediate), Uraemic Poison (after labor)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Nov 5 1886

Undertaker, William Lange

Place of Business, 62 or 150

Louis (illegible) Horn M. D.
Medical Attendant.

Address, co Mulberry & Ingolls al

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Date of Decease on Back.

Health Department, City of Baltimore.

Permit No. 95873 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Deitock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), ~~Apoplexy~~ Disease of

Second (Immediate), Apoplexy —

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, R C Cemetery Baltimore

Date of Burial, Nov 5, 1886

Undertaker, Henry Hecht

Place of Business, 309 W Pratt St *Address,* 1884 Calvert

Oscar Hoke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9587 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Eggerhofer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Eight (8) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} - - - - -

Occupation, - - - - -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 256 E. Eager St

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Com

Date of Burial, Nov 5 1886

Undertaker, Henry Roth

Place of Business, 334 Eastern Ave *Address,* 256 E Eager St

L. E. Block M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 95878 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 4 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedda Floyd Scott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 44 E Baltimore St

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5th 1886

Undertaker, Jas P Byrne

Place of Business, 631 Fremont

F G Morgan M. D.
Medical Attendant.

Address, 1 St Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention o[illegible]

Board of Health, City of Baltimore,

Permit No. 95876 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ensey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* 10 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 37 McCulloh st

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile debility

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 6th 1886

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 93877 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus G. Thistle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bond & Millinan Sts.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} Bond & Millinan Sts

Cause of Death, First (Primary), I think Catarrh

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 1st

Undertaker, George Schilling

Place of Business, 15th and Lyman

Milton A. Taylor M. D.
Medical Attendant.

Address, 138 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95878 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Koppas (Mary E.)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* ..... *Months,* ..... *Days*

Color, W. White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), Heart Failure

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th

Undertaker, George Schilling

Place of Business, 25 Leland Square

William J. Horne M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 93879 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, November 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22y, *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and Number.} Balto University Hospital N Bond St

Cause of Death,

First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Year & half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5th

Undertaker George A. Schilling

Place of Business, Ashland & Lynn

Wm. J. Cahall M. D.
Medical Attendant.

Address, 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 93880 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Whitehurst

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 69 N. Caroline St.

Cause of Death, First (Primary), Phthisis Abdominalis

Second (Immediate), Anaemia

Duration of Last Sickness, Never well

All the above Information should be furnished by the Physician.

Place of Burial, Nov. 5/86

Date of Burial, Balto Cemetery

Undertaker, J. D. Rossing

Place of Business, 125 Orleans

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95881 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie G. Coltrain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Clerk in Treasurer's Dept. Water Rights

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 332 E. Pratt St

Cause of Death, First (Primary),

Second (Immediate), Hemorrhage from Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov. 5th 1886

Undertaker, Masaiger Atty.

Place of Business, 74 S. Broadway

John F. Simmins M. D.
Medical Attendant.

Address, E. N. Corner Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 95882 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 74

Date of Death, Nov 4th ~~Sept 4th~~ 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Morris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Senility

Second, (Immediate.) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Oheb Shalom

Date of Burial, Nov. 5th 1886.

Undertaker, Evans & Spence

Place of Business, 1008 E. Balto St. *Address,* 10 E. Lexington

H. Hahner M.D.,
Medical Attendant.
Address, 10 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95883 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Nov. 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 9 mos *Months,* ——— *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give Street and Number.} 188 Raborg St.

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate), Collapse

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5 1886

Undertaker, William Burger

Place of Business, 150 East St

Address, ———

J. L. Howard M. D.

Medical Attendant.

Extract from Regulations of the Board of Heaith to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 95884 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Nov 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Augusta Wahle

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Has lived here

Place of Death, {Give Street and Number.} 399 Cross St

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculous

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th

Undertaker, F. W. Foll

Place of Business 421 Hanover St. *Address,* 146 Hanover St

Kendrick Curtis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 93885 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 74

Date of Death, Nov 4. '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Farrow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Upholsterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic interstitial nephritis

Second (Immediate), Uraemic Coma

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 5th 1886

Undertaker, Jos R. Cook

Place of Business, No 707 W. Balto St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95886 *Office of Registrar of Vital Statistics.* Ward 2-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Virginia Gertrude Brune.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 9 *Months,* 3 *Days*

Color, White.

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Dress. maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 93. N Charles St. Baltimore.

Cause of Death,
First (Primary), Phthisis.
Second (Immediate), Phthisis Pulmonalis.

Duration of Last Sickness, about 10 Years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 6/86

Undertaker, J. B Cook

Place of Business, 1003 W. Balto St. *Address,* 47 Franklin St.

Mc C. Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95887 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov 4, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert T Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months.* 6 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 28 E Eager

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, all it life

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 6th 1886

Undertaker, Henry T. Means

Place of Business, #413 E Fayette St *Address,* 219 Madison Ave

W. O. Atkinson

Jane Tansyhill M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 19

Permit No. 95888

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 4, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Lorenia Chalk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 71 *Months,* 9 *Days* 20

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 245 N. Mount St.

Cause of Death, First (Primary), Phthisis Pulmonalis Senilis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 mos. 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 6th 1886

Undertaker, Chas T Scriven

Place of Business, N. 911 N Eutaw St

E. T. Hubbard M.D.

Medical Attendant.

Address, 613 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

Special Attention of Physicians to Responsibility

Health Department, City of Baltimore.

Permit No. 95889 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 74

Date of Death, William H. Regan

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 1st

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Oysterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Bursting of cavity into pleura

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, W. Balt. Cemetery

Date of Burial, Nov 3rd 1886

Undertaker, F. A. Kercheval

Place of Business, Health Office *Address,* University Hospital

J. P. Holt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95870 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov 4 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Morrison

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 78 *Years,* *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 252 Augusta St

Cause of Death, First (Primary),

Second (Immediate), Natural Causes

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 7

Undertaker, Geo Schilling

Place of Business, Ashland Lyman

Daniel V. Moyer, M. D.
Medical Attendant.

Address, 728 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 9589 / *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Padgett

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 64 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and Number.} 105 W Lombard st

Cause of Death, First (Primary), Cardiac Dropsy

Second (Immediate),

Duration of Last Sickness, one year

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 6th Nov. 1886

Undertaker H.W. Jenkins & Sons

Place of Business, Park & Saratoga sts *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on

Health Department, City of Baltimore.

Permit No. 95892 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov - 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Knox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} No - 109 S. Bolfe st.

Cause of Death, First (Primary),

Second (Immediate), Old age & general debility.

Duration of Last Sickness, Six (6) days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 6th 86

Undertaker, M. Delaney

Place of Business, 92 S. Am

A. T. Clarke M. D.
Medical Attendant.

Address, 114 S. Washington st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Case of Disease or D...

Health Department, City of Baltimore.

Permit No. 93893 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Trunkleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 180 Gough St.

Cause of Death, First (Primary), ...

Second (Immediate), Premature

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Nov. 5th 86

Undertaker, G. Franc

Place of Business, 2 Gant & Wolpe *Address,* 700 S Broadway

A. L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9389 *Office of Registrar of Vital Statistics.* Ward 8 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 61 E. Biddle St.

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wolfe's Cemetery

Date of Burial, Nov 6 1886

Undertaker, John W Jackson

Place of Business, 19 S Eutaw St

John H. White M. D.
Medical Attendant.

Address, 1039 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 93895 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 3

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 111 S. Eden

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5-5-96

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 6 /86

Undertaker, Michael Finn

Place of Business, 35 Balto *Address,* 17 1/2 Calvert

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...te of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 95896 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, November 5 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Mohr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 15 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 257 (Old No) N. Wolfe St

Cause of Death,
First (Primary), "Pseudo Membranous Laryngitis"
Second (Immediate), Exhaustion.

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, W. Aisquith Presbyn Ch

Date of Burial, Nov. 7th 1886

Undertaker, Henry Hoeck

Place of Business, 309 W. Lanvale *Address,* 728 N. Broadway

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95897 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City.

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 249 S. Howard

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 7

Undertaker, H. Ross

Place of Business, 25 Conway St

Robt P Ellis M. D.
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95898 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give Street and Number.} Stockholm St. No 56.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Inanition.

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 4

Undertaker, H Ross

Place of Business, 25 Conway St

Wm P Clinton M. D.
Medical Attendant.

Address, University of Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 25899 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, 5th November 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Holmes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 155. Ypsilanti Str.

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 6.

Undertaker, H. Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.

Medical Attendant.

Address, 1462 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95911 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. R. Woodruff.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, Wht.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Don't know

Occupation, Advertising Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Don't know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} Lexington near Park

Cause of Death, First (Primary), Valvular disease of heart.

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, E. Pet Cemetery

Date of Burial, Nov 6th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* Coroner.

Alex. Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 95901 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6

CERTIFICATE OF DEATH.

Date of Death, Nov 4/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Wesley Hatt,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 58 *Years,* *Months,* *Days.*

Color, Col

Married, *~~Single~~*, *~~Widow~~ or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 228 Bradford alley.

Cause of Death, First (Primary), Phthisis

Second (Immediate), acute Pneumonitis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Athenry Cemetery

Date of Burial, Nov 6 1886

Undertaker, William H Dugee

Place of Business, 62 East St

D. N. Jones. M. D.
Medical Attendant.

Address, 224 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95902 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Wm. Edward Hyatt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Journalist

Birth-Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give Street and Number.} 15 Wayne Ave

Cause of Death, First (Primary), General Paresis

Second (Immediate), Paralysis General

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Nov 7th 1886

Undertaker, J. E. Monahan

Place of Business, 408 Eutaw *Address,*

W. F. Lane M.D. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

44 18 Years

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 93903 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mrs Hunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 8 E. Lee St

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Thorne Cemetery

Date of Burial, Nov 7

Undertaker, John H Owens

Place of Business, 172 Pearl St

Geo Fleming M. D.
Medical Attendant.

Address, Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 95904 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antoinette Block

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Seven (7) *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 1036 N. Dallas St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, Five (5) months

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cem

Date of Burial, Nov 7, 1886,

Undertaker, Henry McG Ginn's

Place of Business, 108 N. Central Ave. Address, ...

E. A. Shuen M. D.
Medical Attendant.

Address, 1036 N. Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 95905 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give Street and Number.} 1 Jones Ct.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bolivar Cemetery

Date of Burial, Nov 7 1886

Undertaker, W. Bellamy Jr

Place of Business, 133 E Lombard St

P Stoopman M. D.
Medical Attendant.

Address, 1812 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95906 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 BALTIMORE MD

CERTIFICATE OF DEATH. a

Date of Death, November 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unmarried

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 266 Raborg St.

Cause of Death, First (Primary), Childbirth

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov. 7/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

L. Morris M. D.
Medical Attendant.

Address, 1209 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 95907 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Logan Smoot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 148 Dillon St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia

Duration of Last Sickness, about Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov 6th

Undertaker, John E Schmidt

Place of Business, 265 Aliceanna *Address,* 28 O'Donnell St

E Pinchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully

Board of Health, City of Baltimore.

Permit No. 95908 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Boyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 12 Paturaht

Cause of Death, First (Primary), Gastritis

Second (Immediate),

Duration of Last Sickness, Since Monday last

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 7th 1886

Undertaker H. Sander Son

Place of Business, New Nos. 1708 & 1710 Eastern Ave

James E. Donnelly M. D.
Medical Attendant.

Address, 247 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 95909 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Riggs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clean Master

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bells City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 164 S. Exeter St.

Cause of Death, First (Primary), ...

Second (Immediate), Malarial Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical cem

Date of Burial, Nov 8 1886

Undertaker, H. Sandel Son

Place of Business, New Nos. 1708 & 1710 Eastern Av *Address,* 314 S Broadway

W. D. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 93710 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. F. Spann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Rigger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} old # 163 S. Ann St.

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 7. 1886

Undertaker, H. Sandel Son

Place of Business, New Nos. 1708 & 1710 Eutaw St.

John H. Rehberger M. D.
Medical Attendant.

Address, # 143 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 95911 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 5 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Reese

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Wh

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 36 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 310 Aliceanna near Wolfe

Cause of Death, First (Primary), Chronic pulmonary

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 7 1886

New Nos. 1708 & 1710

Undertaker, H. Sander & Son

New Nos. 1708 & 1710

Place of Business, 292 Canton *Address,* 152 E. Fayette

J. Thomas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Envelopes on which...

Health Department, City of Baltimore.

Permit No. 95912 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, November 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence B Lafferty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 227 McKim Ave

Cause of Death, First (Primary), —

Second (Immediate), Bronchial Catarrh

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 5 th

Undertaker, Joseph B Cook

Place of Business, 1003 W Baltimore *Address,* 165 Lincoln Ave

Wm D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 95913 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Saml Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 2 Wagon Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 2 Wagon Alley

Cause of Death, First, (Primary,) Inal Inedical treatment for Indigestion

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 7

Undertaker, W.H. Doerfler

Place of Business, ~~Wagon Alley~~ East St

John Finlecomb of N. M. D.,
Medical Attendant.

Address, 1113 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9391 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Oct Nov 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Whalen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 yrs *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} ~~Heart Disease~~ 1035 N Chapel st

Cause of Death, First (Primary), Heart Disease.

Second (Immediate), Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Nov 6th 1886

Undertaker, Geo Ruiehart

Place of Business, Health Office

F. J. Flannery M. D.

Coroner ~~Medical Attendant.~~

Address, ~~to~~ 1701 Dr. Hillaer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

Health Department, City of Baltimore.

Permit No. 9596 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD NOV 6

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 35 Fremont Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 7th 1886

Undertaker, Chas. T. Dawson

Place of Business, Bridge & Eutaw

J. N. Robinson M. D.
Medical Attendant.

Address, 28 N Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95916 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Comodore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Worked in the Markets

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during his life

Place of Death, {Give Street and Number.} 470 Biddle Alley

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, Nov 6th 1886

Undertaker, Chas Hensley

Place of Business, 116 Archard *Address,*

L G Spanow M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 9571 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov^r 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Muse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 10 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State nr country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 303 Hoffman st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) apnoea

Duration of Last Sickness, Last child but one moribund

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 7th 1886

Undertaker, Alex Kemsley

Place of Business, 116 Orchard st

C Winslow M. D.,
Medical Attendant.

Address, 23 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 95918 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Imus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2d & 139 Hanover

Cause of Death. First (Primary), Oedema of Lungs

Second (Immediate), Heart Disease

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 7 1886

Undertaker C. F. Frounfelter Son

Place of Business, 209 Hanover *Address,* 164 Hanover

Geo. N. Dorsey M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95919 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. P. Annilier

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 12 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 27 Hillen St.

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 7th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt. Ave

F. Holchamber M. D.
Medical Attendant

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95920 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~about~~ 90 *Years,* ——— *Months,* ——— *Da*

Color, Black

Married, ~~Single,~~ ~~Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 16 Hulls Lane

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Syncope

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7 1886

Undertaker, W.W. Madden

Place of Business, 246 East Pr

F. J. Flannery

Medical Attendant

Coroner

Address, 120 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

Health Department, City of Baltimore.

Permit No. 25921 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 228 Parkin Street

Cause of Death, First (Primary), Debilitation

Second (Immediate), Convulsions

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 8th 1886

Undertaker, Jos R. Cook

Place of Business, 1707 E. Baltimore St *Address,* 405 W. Lombard St

J. E. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 95922 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 6— 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie M. Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give Street and Number.} 209 Preston st

Cause of Death,
First (Primary), Capillary Bronchitis
Second (Immediate), Convulsions

Duration of Last Sickness, eight day

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 7th 1886

Undertaker, Alex Hunter

Place of Business, 16 Orchard *Address,* 339 N. Eutaw st

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 95923 *Office of Registrar of Vital Statistics.* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Nestor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5-5 Years.

Place of Death, {Give Street and Number.} 275. Aisquith Street

Cause of Death, First (Primary), Old age

Second (Immediate), Asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 7th 1882

Undertaker, A. Fisher Son

Place of Business, 1101 N. Gay St. *Address,* 242 S. Broadway

Thomas J. Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 95924 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 2 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Jefferson St. Bet. Charles & Hanover

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 7 1886

Undertaker, Hercules Ross

Place of Business, 95 Canton Ave

J. H. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back ...

Health Department, City of Baltimore.

Permit No. 95925 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Hinzer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Yrs.

Place of Death, {Give Street and Number.} 30 Canton St

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 8th 1886

Undertaker, H. Sander & Son

New Nos. 1708 & 1710

Place of Business, Canton Av

C. P. Hoffman M. D.

Medical Attendant.

Address, 1812 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95926 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Fadishak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} old # 62 Thames St

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Helena's Cem't.

Date of Burial, Nov. 8 86

Undertaker, Felix Brookowski

Place of Business, 258 Wash'n Ave *Address,* # 243 Alice Street

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9572 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olesch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} * 222 Alice Anna St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cmty

Date of Burial, Nov. 7, 86

Undertaker, Fel. Broskowski

Place of Business, 258 Ols Town

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9528 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Lockman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 Hulls Lane

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

HEALTH DEPARTMENT NOV 7 1886 BALTIMORE

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery

Date of Burial, Nov 8 1886

Undertaker, William V Dunger

Place of Business, 62 & 150 Eutaw St

J. J. Flannery M. D.
Medical Attendant.

Coroner

Address, Druid Hill ave & Wilson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 15929. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

HEALTH DEPARTMENT NOV 7 1886 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, Negro

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 386 Bruce St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Shopes Cemetery

Date of Burial, Nov 8. 1886

Undertaker Wilbur Manger

Place of Business, 61 East Pratt

J. E. Urquhart M. D. Medical Attendant.

Address, 830 Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95980 *Office of Registrar of Vital Statistics.* **Ward** 6 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Preston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1181 E. Chase St.

Cause of Death, First (Primary), Membranous or Chronic croup

Second (Immediate), Apnoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 9. 1886 Geo. A. Hartman M. D.

Undertaker, Wm H. Hickman. Medical Attendant.

Place of Business, 234 N. Gay *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95731 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kline.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 yrs *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Conductor of B&O.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give Street and Number.} Killed at Locust Point by the Cars. Residence 80 Garrett ave.

Cause of Death, First (Primary), Injuries received by being run over by a freight Car of the B&O R.R.

Second (Immediate), Shock.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Nov. 8

Undertaker, B. Hess

Place of Business, 82 Lexington St

F. J. Flannery M. D.

Coroner ~~Medical Attendant.~~

Address, 1701 Dr. Hillary

HEALTH DEPARTMENT NOV 7 1886 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95932 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora A Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 209 Wm St

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculan

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 6 th

Undertaker, J. Ward

Place of Business, 81 West St

Thomas Ott M. D.
Medical Attendant.

Address, 116 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95733 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Friday Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Webb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days.*

Color, Black

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 22 Guilford Alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 8

Undertaker, Michael Doyle

Place of Business, 100 Charles St

Julius Ball M. D

Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95934 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV

C

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Loeffler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 447 W Balto St

Cause of Death, First (Primary), Fatty degeneration of heart

Second (Immediate), Paralysis of the heart

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Beth Shalom Cemetery

Date of Burial, Nov 7

Undertaker, Jacob Ahrens

Place of Business, 448 W Balto *Address,* 8 N Eutaw St

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95935

Office of Registrar of Vital Statistics.

13 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, November 7th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Hudson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Seventy ~~Six~~ *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore County

V

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No 121 S Poppleton St

Cause of Death, { First, (Primary.) Carcinoma of Stomach / Second, (Immediate.)

Duration of Last Sickness, From Monthly

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov. 8/86

James Smullen *M.D.,*
Medical Attendant.

{ *Undertaker,* J. B. Cook
{ *Place of Business,* 1003 W. Balto St *Address,* 14 N. Paca St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95736 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV

CERTIFICATE OF DEATH.

Date of Death, March 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rowe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} No 706 W Fayette st

Cause of Death, First (Primary),

Second (Immediate), Decay of Nature

Duration of Last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 8th

Undertaker, H. C. Wisdufeld

Place of Business, 100 Greenmount Ave *Address,* 19 Franklin

C H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25937 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT NOV 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Noonan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 17 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} 49 Hanbert St Locust point

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 8th /86

Undertaker, Daniel Flynn

Place of Business, 109 West St

P. S. Dansel M. D.
Medical Attendant.

Address, 1727 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95938 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Nov. 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Warden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Teacher.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 132 E. Townsend

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 8th 1886

Undertaker, New Enterprise Hall

Place of Business, Park & Saratoga Sts

Chas. H. Riley M. D.
Medical Attendant.

Address, 1113 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95939 *Office of Registrar of Vital Statistics.* Ward 8 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1886 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, Nov. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna S Melos

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, colt

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 125 old no. W. Biddle St

Cause of Death, First (Primary), Consumption of lungs

Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9/86

Undertaker, Chas S. Scriven

Place of Business, 911 N. Eutaw *Address,* 922 Madison ave

G Lane Taneyhill *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95740 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NO. B

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1866

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Keziah F. Decary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, {Give Street and Number.} 112 S. Durham St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1866

Undertaker, W. W. Madden

Place of Business, 76 East St

H. G. Rund M. D.
Medical Attendant.

Address, 2000 E. Fa. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93941 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jimmy Mayhew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 39 Washington ave

Cause of Death, First (Primary), Dr Thinks

Second (Immediate), Fever (4) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Nov. 8

D. L. Thurn M. D.

Medical Attendant.

Undertaker, B. Hall

Place of Business, 82 West St. *Address* 38 N. Londen Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95942 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV

CERTIFICATE OF DEATH.

Date of Death, November 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie L. Gardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Light & Fort Sts

Cause of Death, {First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Nov 7th

Oct, 1886 *M. D.*

Medical Attendant.

{*Undertaker,* S. Hunt

{*Place of Business,* 82 Worth *Address,* 110 Fort av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95943 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1886

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3/12 *Months,* ..... *Days.*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Mal. Nutrition

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9

Undertaker, Chas Keyser

Place of Business, 1132 E. ...

Thos. S. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9394 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R Edmonds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* ——— *Months.* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 394 W Lexington St

Cause of Death, First (Primary), Congestion of Brain,

Second (Immediate), Complicated with disease of Heart

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 9/86

Undertaker, Dennis Mitchell

Place of Business, 430 W Fayette

C. H. Lewis M D
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95945 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amon B Merryman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 167 Division av

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 8/86

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette

James Bosley M. D.
Medical Attendant.

Address, 319 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

16

Permit No. 95946 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, November 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Neeb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64. *Years,* 1 *Months,* 2 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give Street and Number.} # 16 Hanover st

Cause of Death, First (Primary), Cirrhosis

Second (Immediate), Prostration

Duration of Last Sickness, 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 10th 1886

Undertaker, P. J. Dill & son

Place of Business, 180 Columbia St. *Address,* 180 Columbia St

C. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95947 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

GENERAL HOSPITAL
NOV 8 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Georgie Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color Ed

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 20 Leech St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green St

Date of Burial, Nov 10th 1886

Undertaker, Alex Hunsley

Place of Business, 116 Orchard *Address,*

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95948. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGD NOV 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Ann Philip Stehney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* ~~~~ *Months,* one hour ~~Days~~.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 220 West St

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 8th 1886

James A Steuart M. D.

Undertaker, Hercules Ross.

Place of Business, Conway St

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunning = Inspector

No. 95949

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat

Health Department, City of Baltimore.

Permit No. 95949 *Office of Registrar of Vital Statistics.* Ward 1a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McCalgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 71 O'Donnell St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov 10th

Undertaker, John J Coonan

Place of Business, 87 Hollins St

E. Williams M. D.
Medical Attendant.

Address, 93 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95950 *Office of Registrar of Vital Statistics.* Ward 10 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH NOV 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Henry & Louisa Vogt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* One *Months,* 3 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, one Month 3 days

Place of Death, {Give Street and Number.} 42 N. Eutaw St.

Cause of Death, First (Primary), Capillary Bronchitis & Edema of

Second (Immediate), Larynx. Asphyxia.

Duration of Last Sickness, about 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 8th/86

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

T. Chew Worthington M. D.
Medical Attendant.

Address, 840 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95951 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Hamday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 144 Raburn st.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fevers

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Nov 8 1886

Undertaker, B. W. Chase

Place of Business, 19 S Howard St

C. W. Neff M. D.
Medical Attendant.

Address, 763 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 95952 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 7 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bohn -

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} - Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 938 Eutaw Street

Cause of Death, First (Primary), Pleuro - Pneumonia

Second (Immediate) Cardiac failure

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th

Undertaker Geo Schilling

Place of Business, Irish and Eutaw

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 95953

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95953 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1886

B

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Adams Co Pa

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 96 N Eden St

Cause of Death, First (Primary), Senility

Second (Immediate), —

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th

Undertaker, Geo Schilling

Place of Business, 73 Hanover *Address,* Fayette Caroline

S. W. Glover M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93954 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances J. Gatly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 94 E. Lanvale

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov 8th 86

Undertaker, G. O'Frane

Place of Business, 7 Bank & Wolfe Sts, *Address,* 94 E. Lanvale

M. J. Gatly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95955 *Office of Registrar of Vital Statistics.* Ward 7 & 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Freeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 28 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 250 Hanover St.

Cause of Death, First (Primary), ———

Second (Immediate), Chronic Bronchial Catarrh

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 11th 1886

Undertaker, A. Fink & Son

Place of Business, 1101 N Gay St

Geo Brooke Burg M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 95956

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95956 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months,* 9 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 215 S Bond St

Cause of Death, First (Primary), Consumption of the Lungs

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Nov 9th 1886

Undertaker, H. Sander Son

Place of Business, *Address,*

A B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95957 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sopha Rietobei

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 18 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1640 Gilmore

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 9th 96

Undertaker, Andrew Rohde

Place of Business, No 48 Penn ave

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm Hts & PC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. G. Seward M. D.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95958 *Office of Registrar of Vital Statistics.* **Ward** 7

HEALTH DEPARTMENT NOV 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine O. Helm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 1/9 yrs.

Place of Death, {Give Street and Number.} 255 (old number) E. Madison St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 10 1886 Geo. A. Hartman M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 2340 N. Gay *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95959 *Office of Registrar of Vital Statistics.* 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 8 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Franklin Cook

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* Eight *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 1636 N. Gilmore St

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness, 4 day's

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 9th 1886

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw *Address,*

H J Holter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95960 *Office of Registrar of Vital Statistics.* Ward 8 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Monday Nov. 8th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Peat Schwartz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} N. W. Cor. Chas St & Forrest Place

Cause of Death, First (Primary), Gastritis & Enteritis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 60 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 9th

Undertaker, H. C. Wiedefeld

Medical Attendant. Wilmer Brinton M. D.

Place of Business, 100 Greenmount Ave *Address,* Chas St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95961 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Rutland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months.* 3 *Days.* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 337 N Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis Cerebral

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 10th

Undertaker, Henry Brill

Place of Business, Hanover St 702 *Address,* 446 Hanover St

H Thomas Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95962 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 9 1886
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days*

Color, white col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Lambert St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 9th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 219 (922) Madison

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95963 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie S. Mercer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give Street and Number.} 781 W. Baltimore St. S.E. cor. of Carrollton Ave

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, I do not know: she was first seen by me Aug. 14/86

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 9th 1886

Undertaker, [illegible]

Place of Business, 963 Eight

E. A. Chew M.D.
Medical Attendant.

Address, 941 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1886

CERTIFICATE OF DEATH.

Date of Death, Nov. 9-86. 12,30 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin Clifford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Wood Sawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Trinity Inn 93 Shark St. + Penn

Cause of Death First, (Primary,) Alcoholism

Second, (Immediate,) Incessant Vomiting - 30 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, Nov 9th 1886

Undertaker, F. A. Kershner

Place of Business, Health Office

H. Boyd Wylie *M. D.*
Medical Attendant.

Address, 507 (new) W. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95965 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov — 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh S Muir

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* × *Months.* × *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co — Maryland —

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} N E Cor Laurgle & Gilmor Sts —

Cause of Death,
First (Primary), Fall from Scaffold —
Second (Immediate), Concussion of the Brain

Duration of Last Sickness, 9 hours —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 10 86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

Wm. H Gilman M. D.
Medical Attendant.

Address, 5 East Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95966 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 22 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 98 Fort ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Harpers Ferry W. Va

Date of Burial, Nov 9 "1886

Undertaker, E Hart

Place of Business, 52 West Pratt St

Geo A. Cooke M. D

Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(special)

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9576 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 8 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Groves,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, Brakeman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Three months.

Place of Death, {Give Street and Number.} ~~Locust Point~~ Locust Point - Baltimore Md -

Cause of Death, First (Primary), Crushed to death by cars of the B & O. R. R. Co at Locust Point Freight Yds

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hankers Ferry

Date of Burial, Nov 7th 1886

Undertaker, John S. Mackey

Place of Business, No 150 Camden

T. J. Flannery M. D.

Coroner ~~Medical Attendant.~~

Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95968 *Office of Registrar of Vital Statistics.* **Ward** 10 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Curran

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 45 or 50 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown -

Duration of Residence in the City of Baltimore, Unknown -

Place of Death, {Give Street and Number.} 1117 Chesnut alley

Cause of Death, First (Primary), Alcoholic Excess -

Second (Immediate), Probably from some heart trouble

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, N. C. Cemetery

Date of Burial, Nov 8 86

Undertaker, Fred'k A. Kirchner

Place of Business, Health Office

F. J. Flannery M. D.

Medical Attendant.

Coroner

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of

Board of Health, City of Baltimore.

Permit No. 95769

Office of Registrar of Vital Statistics.

20 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 6th Nov 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Lamm

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Fredk Co Md

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number. } 9 Uptown, near Laurel

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, N. W. Cemetery

Date of Burial, Nov 8 '86

Undertaker, Fred'k A Kuchus

Place of Business, Health Office

Archer Allen M.D.

Medical Attendant.

Address 65 N Clyde St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95970 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the Death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Nearan.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 23 years. *Years,* ——— *Months,* ——— *Days*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation, Housemaid.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U

Duration of Residence in the City of Baltimore, one & half years.

Place of Death, {Give Street and Number.} Md. Genl Hospital.

Cause of Death, First (Primary) Pyo Salpinx.

Seeond (Immediate), Septic Peritonitis.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, N. B. Cemetery

Date of Burial, Nov 8th

Undertaker, Robt Bond

Place of Business, Health Office

Robert Bond M. D.
Medical Attendant.

Address, Md. Genl Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95711 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 7 "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorthea Brittee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 891 W Pratt St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Sinai Home Cemetery

Date of Burial, Nov 10 "86

Undertaker, John T Tarrier

Place of Business, 66 Park Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Eh 17

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

L. L. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95972 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1856

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wallen Holloway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* 25 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {~~Cross out~~ the words not required in this line.} —

Occupation, — — — — /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 4 Chappel St. n Chew.

Cause of Death, First (Primary), Capillar Bronchitis

Second (Immediate), asphyxia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Nov 9 1856

Undertaker, Wm A Dwyer

Place of Business, 62 East St

Thos J Simms M. D.
Medical Attendant.

Address, 242 N Pt Bway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95973 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Berry

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, Since Nov 4th

Place of Death, {Give Street and Number.} 1007 E. Balto St.

Cause of Death, First (Primary),

Second (Immediate), Nervous Prostration

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11th 1886

Undertaker, Wm S. Fry

Place of Business, 221 N. Broadway

E Oliver Bell M. D.
Medical Attendant.

Address, 1007 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9597 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the [illegible] this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1886

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Munder
Mounder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 39 E Burke St

Cause of Death, First (Primary), Typhoid

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Weeks

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov 10th 86

Undertaker G Franco

Place of Business, Bank & Wolfe Sts *Address,*

Chas Leale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of [illegible]ans is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95975 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Mary Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 yr 32 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 54½ Lawn Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Most two years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, November 10 1886

Undertaker, Margaret Page

Place of Business, No 9 Mulberry St *Address,* 325 Oak St

Eugene F. Odell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95976 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1 a m 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad J. Thompson.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 522 Saratoga St

Cause of Death, First (Primary), Miasmatic Fever.

Second (Immediate), Purulent Jaundice or Cynanche Maligna —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 10th/86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

A. H. Smith M. D.
Medical Attendant.

Address, 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

pecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

mit No. 95977 *Office of Registrar of Vital Statistics* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

e of Death, Nov 9th 1886

l Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lear

, ~~Male~~ or Female, {Cross out the word not required in this line.}

, Years, 5 Months, Days,

ored

rried, Single, Widow or Widower, {Cross out the word not required in this line.}

cupation

thplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

ration of Residence in the City of Baltimore,

ace of Death, {Give street and Number.} 177 Vine St.

use of Death, First (Primary), Entero - Colitis

Second (Immediate). Exhaustion

ration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

ace of Burial, St Peters Cemetery

ate of Burial, Nov 10 1886

Undertaker William Dreyer

Place of Business, 150 East St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the he can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and e of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95978 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline F. Pausch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 934 W Balto St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness, Two Co

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 10 1886

Undertaker, James P Byrne

Place of Business, No 63 N Front St

S. W. Fisher M. D.
Medical Attendant.

Address, Eager & Fawcett

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93979 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine A Staley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 199 Bolton St Balto City Md

Cause of Death, First (Primary), Childbirth

Second (Immediate), Puerperal Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 10th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & 101 Royal & Boundary aves

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93980 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Miller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co. Md.

Duration of Residence in the City of Baltimore, Thirty four Years.

Place of Death, {Give Street and Number.} 527 Madison Ave Baltimore.

Cause of Death, First (Primary), Cirrhosis of Liver. —

Second (Immediate), Asthenia. —

Duration of Last Sickness, Several Months. —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 11th 1886

Undertaker, Steward & Mowen

Place of Business, 35 Park ave & 16 Royal & Boundary ave *Address,* 24 Franklin St.

Mart. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95981 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jost Potthoff

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* — *Days.*

Color, Wht

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 32 Hanover Alley

Cause of Death, First (Primary), old age

Second (Immediate), Marasmus

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alyssanses Cem

Date of Burial, Nov 10 1886

Undertaker, John Hennig

Place of Business, 382 Orleans Address, 245 E. Fayette

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 15982 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Preston

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 848 S. Exeter St.

Cause of Death, First (Primary), Brights disease

Second (Immediate), Coma

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Cent The Evergreen ville Harford Co

Date of Burial, Nov 12th 1886

Undertaker, Peter Frey

Place of Business, 91 Eden St

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4420

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 95983 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F.

Age, 23 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Dyer's maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 4 Thompson Al

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 11th

Undertaker, Fred Gaede

Place of Business, 29 S. Broadway Address

H. C. Benjamin M. D.
Medical Attendant.

Broadway & Baltd St

From Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ... attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... ertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95984 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 41 Patapsco

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Novemb 12

Undertaker, B Hartle

Place of Business, 8 West ff

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortau

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95985 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Aymold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 217 Meyler St

Cause of Death, First (Primary), Acute Enteritis

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10 11 1886

Undertaker, Bernard Hark

Place of Business, 82 West St

L. C. Burch M. D.
Medical Attendant.

Address, 151 N Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7 7 1 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93986 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Snowden

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give Street and Number.} 163 Montpelier St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Apnoea

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 10th 1886

Undertaker, Bernard Hartle

Place of Business, 82 West St

H. P. Ellis M. D.
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 95987 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Dürker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation Stone Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 49 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 Orleans st

Cause of Death, First (Primary), apoplexy

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 11th 1886

H. H. Hebbel M. D.
Medical Attendant.

Undertaker F. Lewis Schaefer

Place of Business, 109 N Howard *Address,* 106 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 25988 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Chase

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 207 Vincent alley

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Inanition

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Russel Cemetery

Date of Burial, Nov 11th 96

Undertaker, Wm H. Dunyee

Place of Business, East 11th *Address,* Same

H A Seward M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H A Seward M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93989 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 8 *Years,* ~~Months~~, *Months,* ~~Days~~. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 Seldner St

Cause of Death, First (Primary), Thrush.

Second (Immediate), Exanition

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 10th 1886

Undertaker, F. A Kerchner.

Place of Business,

..... *M. D.*

Address, Comm'r of Health - Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunding - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95990 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Johnson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 1 *Months,* 5 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Elbow Lane

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, 2 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 10th 1886

Undertaker, C. Ross.

Place of Business, Conway St

James A Adams M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunding Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 95991 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lehoes Looney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and Number.} Balto. Marine Hospital

Cause of Death, First (Primary), Valv. Dis of the Heart

Second (Immediate).

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11th

Undertaker Evans and Stones

Place of Business, 1000 E Balto St

P W Hoffman M. D.

~~Medical Attendant~~ P.M. Surgeon

Address, 1812 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95992 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who Attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olevia Ann Stork.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White ✓

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 240 S. Paca St

Cause of Death, First (Primary), Cancer of the Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 11th 1886

Undertaker, Evans & Spencer

Place of Business, 1000 E Balto St

J. Rickert M. D.
Medical Attendant.

Address, Patapsco above Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95993 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gantz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 226 E Lombard St

Cause of Death, First (Primary), Neuralgia

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 11th

Undertaker, Wm F Schaffer

Place of Business, 5. S. Front St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9599 4 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Scrofula Tabes Mesenterica.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 40 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Nov 11. 1886

Undertaker, John Masteson

Place of Business, Division St.

R. H. Goldsmith — M. D.
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95995 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Nov. 10/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life. Infant

Place of Death, {Give Street and Number.} St. Vincent's Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Nov 11. 1886

Undertaker, John Masterson

Place of Business, Division St. *Address,* Hanover & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95996 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Nov 9: 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Holland.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give Street and Number.} 46 Stockton Alley.

Cause of Death, First (Primary), Child Birth (Confinement),

Second (Immediate), Exhaustion due to Child Birth.

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov. 11th 1876

Undertaker, J. B. Cook & Co. M. D.

Place of Business, 203 W. Baltimore St. *Address,* 387 W. Lombard St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 93997 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Peak

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 7 *Months,* ——— *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} (N.W.) 112 N. Arquith

Cause of Death, First (Primary), Hepatic Dropsy

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Nov 11 1886

Undertaker, Jas P Byrne

Place of Business, 65 Hunt St

J A Lowe M. D.
Medical Attendant.

Address, 26 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Burials, to the Office [illegible]

No. 95998

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95998 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, November 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion E Wootten

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 347 Ramsay St.

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov. 10/86

Undertaker, J. B. Cook

Place of Business, 1003 E. Balto. St.

C. D. Morris M. D.
Medical Attendant.

Address, 1209 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permits for Burials

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95999 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 Th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Inmeder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1234 W. Pratt St

Cause of Death, First (Primary),

Second (Immediate), Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Nov 14th

Undertaker, J. B. Cook

Place of Business, 401 W. Balto St

F. V. Bierson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96000 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1886

CERTIFICATE OF DEATH.

Date of Death, November 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel F. C. Perkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 7 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chestertown, Kent Co Maryland

Duration of Residence in the City of Baltimore, About 3 months

Place of Death, {Give Street and Number.} 910 E. W. Townsend St. Balto Md

Cause of Death, First (Primary), Paralysis of Respiratory centre of Brain

Second (Immediate), Asphyxia

Duration of Last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Nov 12th 1886

Undertaker, Henry S. Mitchell

Place of Business, 656 W Fayette St *Address,* 1209 John St.

78 S. Rosebury, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4421 Transit

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ... Certificate.

Health Department, City of Baltimore.

Permit No. 9601 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
NOV 12 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian A Lawrence

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Marsh Alley bet Saratoga & Mulberry Sts

Cause of Death, First (Primary), Malnutrition Abd Convulsions

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Cent

Date of Burial, Nov 11th 1886

Undertaker, A Ross

Place of Business, Conway St *Address,* Camp St

Thomas A Simms M. D.
~~Medical Attendant~~
Camp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

M. McRoberts Lant, Inspector

No. 96002

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96002 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DEPARTMENT NOV 11 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, November 9 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Gibson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 10 *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, another life

Place of Death, {Give Street and Number.} No. 9 Cathedral St

Cause of Death, First (Primary), Bright's Disease, & Fatty Degeneration of Heart

Second (Immediate), Heart Failure

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 11th 1886

Undertaker, Kellyenkein & Sons

Place of Business, Park & Saratoga

D. C. Chew M. D.
Medical Attendant.

Address, 141 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

...whence issued. Saturday of each week.

No. 96003

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96003 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August E. Grotte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} Killed by cars on the trestle bridge at Locust Point

Cause of Death, First (Primary), Killed by cars of a B&O coal train

Second (Immediate), ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Westmr.

Date of Burial, Novemb. 11

Undertaker, B. Hall

Place of Business, 62 West St

D J Flannery M. D.

~~Medical Attendant.~~ Coroner

Address, 1701 Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 96004 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jenkins Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baelo

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 824 Pierce St.

Cause of death, First, (Primary,) Scrofulosis - Cachexia

Second, (Immediate,) Inanition

Duration of Last Sickness, Part 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, Nov 11 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

L. W. Mifflin M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 96005

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96005 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kern

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Union St

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Nov 13th 1886

Undertaker, W Klotzkamp Jr.

Place of Business, 253 E Lombard St *Address,* 607 W Franklin St

J G Kellar M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96006 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 11 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. C Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk B & O R.R. Co.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} No 200 North Monroe St.

Cause of Death, First (Primary), Laryngitis & Pulmonary Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 11th 1886

Undertaker, M. A. Daiger Jr.

Place of Business, 74 S. Broadway

C. T. Jones M. D.
Medical Attendant.

Address 1085 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

week.

No. 9607

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9607 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 9: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Diering

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} S E Lombard and Bank Sts

Cause of Death, First (Primary). Bends Membranous Croup

Second (Immediate).

Duration of Last Sickness, Since Sunday

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 11th 1886

James E Donnelly M. D.
Medical Attendant.

Undertaker H. Sanders & Son.

Place of Business, 252 Eastern Ave. *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9600

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 96008 *Office of Registrar of Vital Statistics* Ward 12.

The Physician who attended any person in a last illness, is responsible for the present [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT [illegible] OR CERTIFICATE.

HEALTH DEPARTMENT
NOV 11 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 10, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Camilla R. Hulse

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 165 W. Preston

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), " "

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, Nov. 12,

Undertaker Walter Immel

Place of Business, 315 W. Biddle

J. O. Christian M. D.
Medical Attendant.

Address, 1821 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9600

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96009 *Office of Registrar of Vital Statistics* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 11 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, November 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Jag.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 2½ years.

Place of Death, {Give Street and Number.} 51 Union St

Cause of Death, First (Primary), Typho-Malarial Fever,

Second (Immediate), Exhaustion -

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 12

Undertaker, Walter Immel

Place of Business, 315½ W. Biddle

W. Ricketts M. D.
Medical Attendant.

Address, Penna Ave & Roberts St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9601

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96010 *Office of Registrar of Vital Statistics* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 10 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Solomon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 90 Low St

Cause of Death, First (Primary), Struck by

Second (Immediate), Inaction

Duration of Last Sickness, Sick hours

All the above information should be furnished by the Physician.

Place of Burial, Shel. Shalom

Date of Burial, Nov. 11th 1886

Undertaker, Evans & Spence

Place of Business, E. Balto St *Address,* —

F. F. Mayer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 9601

Health Department, City of Baltimore.

Permit No. 9011

Office of Registrar of Vital Statistics.

Ward 4 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 11 1886
BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, November 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Feeney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ 1 *Months,* ~~Days~~

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 808 Stiles st

Cause of Death, First (Primary), Convulsions ✓

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 11 1886

Undertaker, James P Byrne

Place of Business, No 67 N Front St

P. L. Daniel M. D.
Medical Attendant.

Address, 1727 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96012 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Moran

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 44 - Union St -

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 12th 1886

Undertaker, W Cadogan

Place of Business, 227 W Pratt

H H Hance M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 96013 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the present ... Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gadoth Marshall

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, [redacted] 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and Number. } 130 N Eutaw St

Cause of Death, First (Primary), Old age

Second (Immediate), Vertigo Congestion

Duration of Last Sickness, Suffering for years

All the above information should be furnished by the Physician.

Place of Burial, Berlin Worcester Co Md

Date of Burial, Nov 12 1886

J Ringling M. D.
Medical Attendant.

Undertaker Matthew Gadogan

Place of Business, 227 Mulberry St *Address,* 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96014 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. H. Hunkle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 8 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tri & Sht Iron worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} No 65 S. Paca st

Cause of Death, First (Primary), Enteritis

Second (Immediate), Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Nov 12th 1886

Undertaker, John S. Meacher

Place of Business, No 150 Camden st

O. R. Buddenbohm M. D.
Medical Attendant.

Address, 166 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t...

Health Department, City of Baltimore.

Permit No. 96015 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, November 11 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Swinn

Sex, ~~*Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Da...*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Glazier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 108 Fou...

Cause of Death, First (Primary), Valvular Dis. Heart

Second (Immediate),

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Nov. 11-86

Undertaker, J. Ahrens & Co.

Place of Business, 448 W. Baltimore *Address,*

F. Klopp M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the ... and date of death.

[over]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 11 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Furlong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 Years, ... Months, ... Days.

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Most of life

Place of Death, {Give street and number.} 1524 W. Pratt st.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Haemorrhage of the lung

Duration of Last Sickness, less than a day

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 12/86

{Undertaker, Wm J Fiedler
Place of Business, 221 S. Eutaw st}

Wm McNickerson M.D.
Medical Attendant.

Address Arlington & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 96017 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

REGISTRAR'S DEPARTMENT NOV 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Eliza Etherington

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* 1 *Months,* 11 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cecil Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 96 Druid Hill Ave

Cause of Death, First, (Primary,) Fall & Chill

Second, (Immediate,) Paralysis of the Brain 6 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bolton Cem.

Date of Burial, Nov 12th 1886

Undertaker, John J. Andrews

Place of Business, New No 407 & 409 Druid Hill Ave

J. A. Gillis M. D.
Medical Attendant.

Address, 180 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 96018 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Padgett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 4 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 190 Montgomery

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Nervous Prostration

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Co

Date of Burial, Nov 11 1886

J B Noble M. D.
Medical Attendant.

Undertaker, C. F. Kramer & Son

Place of Business, 209 Hanover *Address,* 307 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96019 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, December 9th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Louisa Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 5 *Months,* 19 *Days*

Color, Brown Skin

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. State

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give Street and Number.} 52 Jefferson St.

Cause of Death, First (Primary), Acute Pulmonary Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months under Drs. care

All the above information should be furnished by the Physician.

Place of Burial, Dolphin Evergreen new

Date of Burial, Dec 11 1896

Undertaker, William J. Dungee

Place of Business, 62 East St

Whitefield Winsey M. D.
Medical Attendant.

Address, 1105 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 9602 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 11 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 244 N Biddle

Cause of Death, First (Primary), Acute Indigestion

Second (Immediate), Spasms

Duration of Last Sickness, 7 or 8 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, ~~November~~ 13 1886

Undertaker, Margaret Pye

Place of Business, No. 4 Mulberry St. *Address,* 25 N Green St.

W. F. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96021 *Office of Registrar of Vital Statistics* Ward 16th

HEALTH DEPARTMENT NOV 12 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Callaway

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 548 Park Ave

Cause of Death, First (Primary), Paralysis - General

Second (Immediate), Exhaustion

Duration of Last Sickness, 72 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 14th 1886

Undertaker, Armstrong & Sons

Place of Business, 963 Light

J H Emery M. D.
Medical Attendant.

Address, 76 E Pleasant

Extract from Regulations of the Board of Health to secure ~~a full and correct record of~~ the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96022 *Office of Registrar of Vital Statistics* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 2 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 628 Stockton alley

Cause of Death, First (Primary), Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 12 1886

Undertaker, William A Dugee

Place of Business, 62 East st

J. M. Hundley M. D.
Medical Attendant.

Address, 72 E Monument ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert...

Health Department, City of Baltimore.

Permit No. 96023 *Office of Registrar of Vital Statistics* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Levi

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Home

Cause of Death, First (Primary), Marasmus

Second (Immediate), Pulmonary Collapse

Duration of Last Sickness, 3 Weeks ~~Wm. H. Latimer~~

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 14 Nov 86

Undertaker, C. H. Thomas

Place of Business, 1139 Pa Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96024 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. DeLawrence Keys

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Home

Cause of Death, First (Primary), Marasmus

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 12

Undertaker, [illegible]

Place of Business, 1139 Pen

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

Health Department, City of Baltimore.

Permit No. 96045 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11—86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Elgey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 5 *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 506 S. Gilmor St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Nov 13th 1886

Undertaker, [redacted] M. D.
Medical Attendant.

Place of Business, [redacted] *Address,* [redacted] Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96026

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amey M. Stewart.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 132 Tyson St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12th 86

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, W. J. Gray

Place of Business 216 Mulberry St.; *Address* 311 N. Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 96027 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Weaver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, about 57 Years

Place of Death, {Give Street and Number.} 261 N. Wolfe St.

Cause of Death, First (Primary), Hemeturia Renalis and

Second (Immediate), Suppression of Urine (Uremia)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 14 1886 Thos J. Simms M. D.

Medical Attendant.

Undertaker John Tate

Place of Business, 291 Balto. *Address,* 242 N. Eden Way.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 96028 *Office of Registrar of Vital Statistics.* Ward 13c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. NOV 12

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry J Sleeman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4. 0 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 26 St Paul St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Shanpsh Cemetery

Date of Burial, Nov 13 1886

Undertaker, Abey Kennedy

Place of Business, 116 Orchard st

W. H. [illegible] M. D.
Medical Attendant.

Address, 183 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96049 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamie C. Darby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1208 W. Lombard St

Cause of Death,
- First (Primary), Diphtheria
- Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov. 12th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry

John Swift M. D.
Medical Attendant.

Address, 701 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96030

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 12 1886
BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Word

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Inspector of Oyster Boats

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 84 Hanover Stp.

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), " " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 13th 1886

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw St

Address, [illegible]

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 76031 *Office of Registrar of Vital Statistics.* **Ward** 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hagerty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk N. C. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 276 N. Front

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (~~Immediate~~), Exhaustion

Duration of Last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, 14 Nov

Undertaker, Henry Magnus

Place of Business,

Geo. B. Rungers M. D.
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96032 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Nov 12th 2 a m. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Wilbur

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 39 *Years,* one *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 465 Lexington St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 4 years.

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, Nov 14th 1886

Undertaker, J B Cook

Place of Business, 1607 W Baltimore *Address,*

A H Sutton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 96033

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, November 12th 86,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Tingling,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, — *Years,* — *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 362 N. Washington st

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 13th 1886

Undertaker, A. Tiernay & Son

Place of Business, 461 W. Fayette Address, 282 N. Broadway

Chas. B. Leigh M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 9603 — *Office of Registrar of Vital Statistics.* — Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Matilda Dixon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days* 7

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 Hodsons alley

Cause of Death, First (Primary),

Second (Immediate), Pertussis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Thompson Cemetery

Date of Burial, Nov 12 1886

Undertaker, William A Dougee

Place of Business, 62 East St

L. D. Morris M. D.
Medical Attendant.

Address, 1209 N. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back [illegible]

Health Department, City of Baltimore.

Permit No. 96035 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 13 1936
BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Nov 12 36

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan Flaherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 1614 Ryan St.

Cause of Death, First (Primary), Pulmonary incidents to old age

Second (Immediate), Bronchial Catarrh

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 14th

Undertaker, John F Lennon

Place of Business, 89 Collins

Address, 89 W Lombard St

A. J. Steer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 98038 *Office of Registrar of Vital Statistics.* Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dudley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carriage smith.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 719 E. Biddle st.

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion.

Duration of Last Sickness, Three weeks.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 15 th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Fremont & *Address,* 311 W. Monument st

E. O. Donovan Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 96057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 11/86 John Hickey

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hickey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Labrer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 27 Grundy St.

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cy

Date of Burial Nov 15 86

Undertaker, Jas O Byrne

Place of Business, 302 N Gay

J G Clemmer M. D.
Medical Attendant.

Address, 1 A Johns.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 96038 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 13 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Chenoweth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* Two *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 340 Mordecai Av

Cause of Death, First (Primary), Convulsions

Second (Immediate), Meningitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 14th 1886

Undertaker, S. McLernon & Son

Place of Business, 712 W. Balto *Address,*

E. L. Smithcamm *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 7639 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shanet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 168 Hoffman

Cause of Death, {First (Primary),} {Second (Immediate),} Old age

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, Nov 13/84 W. Kerr Owen M. D.

Medical Attendant.

Undertaker, Jos. B. Cook & Co.

Place of Business, 100 W. Balt. *Address,* 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96041 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Oliver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wood Engraver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila. Pa.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 93 N. Paca

Cause of Death, First (Primary), Convulsions Uraemic

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 14/86

Undertaker, Chas J Scarr

Place of Business, 271 N Eutaw *Address,* 637 Franklin St

J. H. Miller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96041 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 10 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Fox

Sex, Male or Female {Cross out the word not required in this line.}

Age, 71 ~~29~~ *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} 77 Randall St

Cause of Death, First (Primary), Asthma

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Novemb. 13

Undertaker, J. Harle

Place of Business, 52 West St.

R. H. Eller M. D.
Medical Attendant.

Address, Light & Hawley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 96042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15

B

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Bradburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days*

Color, White — *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 473 Madison Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 15/86

Undertaker, Denny & Mitchell

Place of Business, 583 W Fayette

E. H. Kuhns M. D.

Medical Attendant.

Address 5 E. Fr. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96043 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas P Harrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, B & O Conductor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wheeling. W Va.

Duration of Residence in the City of Baltimore, Five Months.

Place of Death, {Give Street and Number.} 45 Harlem Ave.

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Asthenia.

Duration of Last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 14th 1886

Undertaker, Wm Weaver.

Place of Business, #202 N. Eutaw

Henry Hunt, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9604 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brewer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* *Days.*

Color, Wh.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give Street and Number.} 494 Penn Ave.

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 14th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

C. B. Britton M. D.
Medical Attendant.

Address, 124 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

Permit No. 96045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 50 Hoffman St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14th 1886

Undertaker, Ch Weber

Place of Business, 60 Government Ave

Telephone 818

A G Watson M. D.
Medical Attendant.

Address 1301 N. Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76146 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE NOV 13 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, November 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. F. Reichart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 5 *Months,* 28 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 66 Laurens St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 14th 1886

Undertaker, John S. Mackey

Place of Business, No 158 Camden St *Address,* 4 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 96047 *Office of Registrar of Vital Statistics.* Ward 3 ei

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Jones

Sex. Male or Female. { Cross out the word not required in this line. } Male

Age, 57 *Years,* — *Months.* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Mass.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death. { Give street and Number. } #28 S Spring Row

Cause of Death. First (Primary), Organic Disease of Heart

Second (Immediate), Dropsy & Exhaustion

Duration of Last Sickness, 1 year

All the above Info mation should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 14/86

Undertaker Wm S. Ely

Place of Business, 51 to Broadway

Geo N. Benson M. D.
Medical Attendant.

Address, 104 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96048 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13

CERTIFICATE OF DEATH.

Date of Death, Nov - 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margt Cosgrove

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland (28 yrs - in America

Duration of Residence in the City of Baltimore, 17 yrs -

Place of Death, {Give Street and Number.} C. J. Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Apoplexia

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross, Cem

Date of Burial, Nov 14, 1886,

Undertaker, Henry & Gines,

Place of Business, ~~200~~ 202 E. Lee St. Address, 184 W Lain St

Wm Lucas M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96049 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Cutler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, {Give Street and Number.} 48 N. Sarah St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Intussusceptus

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov. 15, 1886

Undertaker, M. J. Daiger & Sty.

Place of Business, 714 S. Broadway. *Address,* Same

H. A. Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9605 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, November 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months.* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset County Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} # 266 E Biddle Street

Cause of Death, First (Primary), Fistula in Ano.

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 15th

Undertaker, Geo. Schilling

Place of Business, Holland Square

D. Wilson Owen M. D.
Medical Attendant.

Address, # 19 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96051 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Renoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 287 S. Para

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 15th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 170 S. Sharp St

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96052 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Burk

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 294 E. Lombard Street

Cause of Death, First (Primary), Old Age

Second (Immediate), Paralysis

Duration of Last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Phil. Rd. M. E. Cemet.

Date of Burial, Nov 14th 1886

James A Steuart M. D.

Undertaker, John Lake

Place of Business, Balto & Ohio Depot *Address,* Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Daniel A Clayton
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96053 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sackheff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 1 *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 12 Yeare

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 46 Ridgely st

Cause of Death, First (Primary), Pneumonia double

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 14th 86

Undertaker, Wm. J. Hill & Son

Place of Business, 185 Columbia *Address,* 166 S. Paca st.

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16054 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Walterhofer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 13 N. Arlington Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16

Undertaker, Joseph B Cook

Place of Business, 1003 Baltimore St *Address,* 600 N. Howard

Thomas O'Brien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

13

Permit No. 96055 *Office of Registrar of Vital Statistics.* Ward 7

D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday, November 12th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton C. Tuttle,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All of life.

Place of Death, {Give street and Number.} No. 84 (304) Parkin St.

Cause of Death, First (Primary), Tubercular Meningitis.

Second (Immediate), Asthenia.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 15

Undertaker Jos H B Cook

Place of Business, 1003 W Baltimore

D. W. B. Gorgas, M. D.
Medical Attendant.

Address, 307 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

3 Wards

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna G Geyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married ✓

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eckelshausen Hessen Darmstadt

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Old 233 E Lombard St

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.)

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov. 14, 1886

Undertaker, L. D. Rossing

Place of Business, 125 Orleans

H E Forbes M.D.,
Medical Attendant.

Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 9857 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank George Finster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} Residence 194 d. Eutaw St. Fell dead at cor Saratoga & Eutaw Sts.

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 14 1886

Undertaker, A Rauterzan

Place of Business, 61 Park Ave

D G Spanow M. D.
Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26057 *Office of Registrar of Vital Statistics.* Ward 1 A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~when~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 10/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give Street and Number.} 348 Aliceanna St.

Cause of Death, First (Primary), Acute Laryngitis and Acute

Second (Immediate), inflammation of lungs

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cem.

Date of Burial, Nov. 14th 1886

Undertaker, C. Saunders & Son

Place of Business, 1710 Eastern Av.

R W Mansfield M. D.
Medical Attendant.

Address, 50 & 50 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 96037 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary J. Stump

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1104 Linden Ave

Cause of Death, First (Primary) Senile decay

Second (Immediate) Same

Duration of Last Sickness, Dr Stump

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial Nov 15th 1886

Undertaker Stewart & Mowen

Place of Business, 35 Park ave & Mt Royal & Boundary aves

Wm F Johnston M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7606 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, November 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte M. Dreher

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, {Give Street and Number.} 624 Lexington St

Cause of Death, First (Primary),

Second (Immediate), Old age —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, Nov 15th 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 582 W Fayette St

H. McKim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9 6061 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Steavey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 146. West St

Cause of Death, First (Primary), Endocarditis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 15th 86

Undertaker, Daniel Glynn

Place of Business, 109. West St

Edwd F. Michael M. D.
Medical Attendant.

Address, 283. W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96162 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, November 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harry McGrath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 274 Battery av

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Nov 16th 86

Undertaker, Daniel Flynn

Place of Business, 102 West St

O. A. Cooke M. D.
Medical Attendant

Address, 110 Forrest av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permit No. 96063

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

13

CERTIFICATE OF DEATH.

Date of Death, November 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David H Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Builder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 385 Lexington St

Cause of Death, First, (Primary.) ?

Second, (Immediate.) Malarial Hypernathia

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 15th 1886

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette St

Henry A Mustard M.D.,
Medical Attendant.

Address, 114 S Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 96064 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, November 12th — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 10 Days.

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 mos 10 days

Place of Death, {Give Street and Number.} 104 Foremans Court

Cause of Death, First (Primary), Diarhoea

Second (Immediate), Inanition

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Shorfest Cemetery

Date of Burial, Nov 14 1886

Undertaker, William Burger

Place of Business, 61 East St

Wm P Schumm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 76065 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1886

B

CERTIFICATE OF ~~DEATH~~.

Date of Death, Sunday Nov 14-86- 5½ A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Goorsman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia -

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} 181 E Lombard St.

Cause of Death, First (Primary), Chronic Enteritis & Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery.

Date of Burial, Nov 15th 1886

Undertaker, Evans & Shuman

Place of Business, 1000 E Baltimore St

L. J. Gans M. D.
Medical Attendant.

Address, 34 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 96066 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, November 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hetzelberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* 12 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 808 N. Chester St., bet McElderry & Monument

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Heart Failure

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 17th

Undertaker, George De Schilling

Place of Business, Ashland Avenue

H. H. White, M. D.
Medical Attendant.

Address, 1101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 9607 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov, 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H, son of John Albert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 118 Sterling St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 118 Sterling St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), " Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 15th

Undertaker, Geo D. Schilling

Place of Business, Oakland Square *Address,* 1102 E Baltimore St

Wm Gr Shertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 9648 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 15 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Tilghman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 19 *Days.*

Color, cd

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 87 Jasper St

Cause of Death, First (Primary), Coled

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16-786

Undertaker, Alex Hemsley

Place of Business, Orchard St *Address,* Cemetery Md

I Jno A Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E. Dempsey
Secretary Dempsey

Health Department, City of Baltimore.

Permit No. 96069 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jonson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married,

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Year a half,

Place of Death, {Give Street and Number.} Md. Genl Hospital,

Cause of Death, First (Primary), Typhoid Fever,

Second (Immediate), Peritonitis, from perforation.

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 16 86

Undertaker, Chas J. Seuren

Place of Business, 27 N Eutaw

Robt Bond M. D.
Medical Attendant.

Address, Md. Genl Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 96070 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Henry Leackland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 24 Winona St.

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, Due week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 16th 1886

Undertaker, Alex Hennessey

Place of Business, 116 Orchard St. *Address,* 1019 E. Madison

L. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9607 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE NOV 15 1886 BALTIMORE

74

CERTIFICATE OF DEATH.

Date of Death, Nov 14 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Jung

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Empyema (right side)

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Novb 15th

Undertaker, Jos B. Cook

Place of Business, 1003 W. Balto St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 96072 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Howard Forler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 539 Franklin st

Cause of Death, First (Primary), [blank]

Second (Immediate), Diphtheritic Croup.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 15th 1886

Undertaker, Leo A Loch

Place of Business, No 1003 W Baltimore St

Louis W. Knight M. D.
Medical Attendant.

Address, 414 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96073 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1886-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* ——— *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs -

Place of Death, {Give Street and Number.} Killed by being struck by engine at Hamburg st Crossing of the B & O. R. R.

Cause of Death, First (Primary), Injuries received by being struck by the engine

Second (Immediate), shock -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 16th 1886

Undertaker, See Lawrence

Place of Business, 389 W Baltimore St

D J Flannery M. D.

~~Medical Attendant.~~ Coroner

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96174 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Gould

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 64 W Washington St

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, Ailing 2 mths. Cmp. 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 15th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96095 *Office of Registrar of Vital Statistics.* Ward 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 15 1886

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, a *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 624 S. Paterson P. Ave.

Cause of Death, First (Primary), Meningitis

Second (Immediate), a

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 15 1886

Undertaker, H. Sander & Son

New Nos. 1708 & 1710

Place of Business, London Ave *Address,* E. L. Bruns M.D.

E. L. Bruns *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96076 *Office of Registrar of Vital Statistics.* Ward 5½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reme

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 29 Des Moines Av

Cause of Death, First (Primary), Tetanus neonatorum

Second (Immediate), Trismus

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 15th 186

Undertaker, Frank Grach

Place of Business, 249 Durham

J. Wilson M. D.
Medical Attendant.

Address, Gay & Hoffman Nov 14 86

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9607 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Patrick Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 77 Aisquith Street

Cause of Death, First (Primary), 3 Meningitis

Second (Immediate), 3

Duration of Last Sickness, Abt 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem'y

Date of Burial, November 16/86

Undertaker, Michael Punk

Place of Business, 35 Bank St

Charles M. Morfit M. D.
Medical Attendant.

Address, 927 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
NOV 15 1886
REGISTERED
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mullinaux

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, About Three Years

Place of Death, {Give street and number} 714 North Strieker Street

Cause of Death {First, (Primary,) Impaction of the Bowels
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 15th 1886

Undertaker, Joseph B Cook

Place of Business, 1003 Baltimore St *Address,* Cor Edmondson Ave & Mount

J S Duer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96079 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louis Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1419 E. Eager St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Pyaemia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Elon D. Cemetary

Date of Burial, Nov 15th 1886

Undertaker, J. P. Sondheim

Place of Business, 38 N Green St

E. O. Stuart M. D.
Medical Attendant.

Address, 1419 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96080 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Madigan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Restaurant Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 204 W Pratt st.

Cause of Death, First (Primary), Epithelioma of the tongue and right

Second (Immediate), As Stated

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 16 1886

Undertaker, Jas R Byrne

Place of Business, 23 N Fremont *Address,* 417 E Pratt

Geo L Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96081 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Corry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland / 3 weeks

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid fever (perforation)

Second (Immediate), Shock

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Nov 15 86~~ N'w Cemetery

Date of Burial, Nov 15, 86

Undertaker, Jno A Kirchner

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 19

Permit No. 96082 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Nov. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie A. Ferry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1312 Hollins st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 16th 1886

Undertaker, Jas. B. Cook

Place of Business, No 1003 W Baltimore St

John Hood M. D.
Medical Attendant.

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96083 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 13 Little Forsyth St.

Cause of Death, First (Primary), Inflammation of Larynx

Second (Immediate), Apnoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 16, 1886

Undertaker, Henry McGinn

Place of Business ~~7 S. Central Ave~~ *Address,* 4 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96084 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Nov. 15/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Bath. Cemetery

Date of Burial, Nov 16. 1886

Undertaker, John Masterson

Place of Business, Division St.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96085 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Novemb 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Drummond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 67 Aisquith St

Cause of Death, {First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 16

{*Undertaker,* H Ross

Place of Business, 95 Conway St

J. A. Gilliss M. D.
Medical Attendant.

Address, 180 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 96086 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 14 - 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John D Nealson

~~Sex,~~ Male ~~or Female,~~ { ~~Cross out the word not~~ required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, { ~~Cross out the word not~~ required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 122 Lee Collon St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Year month

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem Baltimore Co Md

Date of Burial, Nov 16th 1886

Undertaker Henry Erdman & Son

Place of Business, Park & Saratoga St

J Wheatson M. D.

Medical Attendant.

P. F. & H.

Address 108 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96087 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Burrer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 2 *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 9mr no 2. Fulton Ave

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shanahan Cemetery

Date of Burial, Nov 16 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard & *Address* 116 Orchard & Fulton Ave

Dr. M. J. Schoppell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96088 *Office of Registrar of Vital Statistics.* Ward 19 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Mason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coach Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give Street and Number.} 919 N. Stricker St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 16/86

Undertaker, Edward A Wroten

Place of Business, 35 Park ave *Address,* 1213 Eutaw Place

Jno. S. Latimer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of Cer...

Health Department, City of Baltimore.

Permit No. 96089 *Office of Registrar of Vital Statistics.* Ward 6 & 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Nov. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm James Carnes

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} male

Age, —— ~~*Years,*~~ 24 hours ~~*Months,*~~ *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —— ——

Occupation, —— —— ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 24 hours

Place of Death, {Give Street and Number.} 523 E Eager st

Cause of Death, First (Primary), Imperfect Development & Circulation

Second (Immediate), asphyxia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Period of Gestation 9 1/2 months

Place of Burial, Baltimore City

Date of Burial, Nov 16th 1886

Undertaker, H. Feick & Son

Place of Business, 1161 N Gay St. *Address,*

Geo J. Simms *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96090 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Nov 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Steinmetz

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 242 Eastern ave

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Nov 16 1886 Thos A Stewart M. D.

Undertaker, H Saunders Son ~~Medical Attendant~~

Place of Business, 250 Canton ave *Address,* Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A Duggett Gen Ins Co

Health Department, City of Baltimore.

Permit No. 96091 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Dulaney

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 107 Pine St.

Cause of Death, First (Primary), Dropsy, from Organic Disease Heart

Second (Immediate), Asthenia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 17 86

Undertaker, Andrew Rohde

Place of Business, 148 Penna Ave

J. H. Keller M. D.
Medical Attendant.

Address, 637 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintendiug the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96092 *Office of Registrar of Vital Statistics.* Ward 9-2-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, November 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schaefer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} N. 20 Little Church bet Wyoming & Tulsonora Place

Cause of Death, First (Primary), Tulsonora

Second (Immediate),

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 16 th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,* 95 Park Ave

Wm Holger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96093 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Burton Copenspira

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* — *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 46 McHenry St.

Cause of Death, First (Primary), Exhaustion Capillary Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov. 17th

Undertaker, John J Bowen

Place of Business, 83 Hollins St

Geo. R. Graham M.D. Columbia Avenue nr. Fremont

Jos. Blum M. D.

Medical Attendants

Address, 74 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96094 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 - 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Martin {Father

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} 15 minutes

Age, ~~Years~~, Months, ~~Days~~.

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 704 Gronard

Cause of Death, First (Primary), Heart failure due to protracted labor of the

Second (Immediate), Mother -

Duration of Last Sickness, ~~18 hours~~

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 16th

Undertaker, John J Brown

Place of Business, 83 Hollins St *Address,* 847 N Eutaw

H L Grier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96095 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie E Hutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 1 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boonsboro Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} (Cor) N. W. Barclay & Lanvale St

Cause of Death, First (Primary), Tubercular Disease from Scarlet Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 19th 1886

Undertaker, John D. Marchus

Place of Business, No 150 Lanvale St

W. B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Fenton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96096 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 187 Gough st

Cause of Death, First (Primary),

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 18th 86

Undertaker, G. Frauenheim

Place of Business, Bonte & Wolf *Address,* 570 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9609 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 16 1886

CERTIFICATE OF DEATH. B

Date of Death, Nov. Novembr 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jubb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 10 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 121 S. Ann St

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 16th 86

Undertaker, G. Franc

Place of Business, Bauer & Wolf *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 96098 *Office of Registrar of Vital Statistics.* Ward 1st C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fuller Pilty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 1 N. Griffins' Court

Cause of Death, First (Primary), Cerebro spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov. 16th 86

Undertaker, G. Trance

Place of Business, 1 Jan'r & Wolfe St. *Address.* 1 N Griffins Court

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96099 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT NOV 19 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 14th Nov. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCorduck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give Street and Number.} * 1813 E. Fayette St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks and 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov 17 1886

Undertaker, Wm McCully

Place of Business, 811 Eutaw Way

E. P. Lons M. D.

Medical Attendant.

Address, 1835 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96100 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 86.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* " *Months,* " *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79. Harlem Ave

Cause of Death, First (Primary,) Senile Decay.

Second (Immediate,) Paralysis.

Duration of Last Sickness, few days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 17

Undertaker, C H Bizzard

Place of Business, 1139 Penn ave

J M Carter M. D.
Medical Attendant.

Address 234 N. Fremont St
Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 96101 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of, this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 14 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bibergans Gebrauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sachsenhausen Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 193 N. Bethel St.

Cause of Death, First (Primary), Brights Disease of Kidneys -

Second (Immediate), Exhaustion - - - - -

Duration of Last Sickness, About 2 years -

All the above information should be furnished by the Physician.

Place of Burial, New St James Cemetery

Date of Burial, Nov 17th

Undertaker, Wm A Schaeffer

Place of Business, 5 S. Front St

G F Layton M. D.
Medical Attendant.

Address, 728 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96102 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac B Hatem

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Formerly in the U. S. Mail Service

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 325 N Stricker St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Nearly 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Nov 17th 1886

Undertaker, Stewart & Mowbray

Place of Business, 36 Park ave Address, 309 St Paul St. Est.

J. J. Pinell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96113 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd A Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~

Place of Death, {Give Street and Number.} 624 Scott St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 19th 1886

Undertaker, Wm J Tickner

Place of Business, 221 S Eutaw St

Wm D Blair M. D.
Medical Attendant.

Address, 158 N Eaton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96104 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo M Sacksmith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gen Lab

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 706 Barre St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 17/86

Undertaker, Wm J Flickner

Place of Business, 221 S Eutaw

Jno D Blake M. D.
Medical Attendant.

Address, 158 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17 1886
BALTIMORE, MD.

8 4 8

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane E. Uling

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Allegheny Pa.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 41 Guilford Av

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 17th

Undertaker, George Schilling

Place of Business, Ashland Square

I. E. Lindsay M. D.
Medical Attendant.

Address 9 Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 96106 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fischer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 18 S Chapel Street

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 18th 1886

Undertaker, Germanus Grauel

Place of Business, S E Cor Bank & Wolfe Sts

James A Steuart M. D.

~~Medical Attendant~~

Address 716 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A Clagett Prop'rietor

Health Department, City of Baltimore.

Permit No. 9607 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Beuchamp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / Single

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give Street and Number.} 2216 Bank St

Cause of Death, First (Primary), Premature Birth. only

Second (Immediate), 6 mo Utero Gestation

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount. Olivet

Date of Burial, Nov 17

Undertaker, Armstrong & Denny.

Place of Business, 263 Light St. *Address,* 301 Warren Ave

H B Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 96108 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 1886 Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stump Cole, Lola V Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 hour *Days.*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, In Town

Place of Death, {Give Street and Number.} 226 S Stricker St

Cause of Death, First (Primary), Inanition Debility

Second (Immediate), Inanition Fits

Duration of Last Sickness, 1/2 Hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 17th 1886

Undertaker, Jos B Leech

Place of Business, No 1003 W Baltimore St

Wm F Kelly M. D.
Medical Attendant.

Address, 214 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96109 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Beres

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} female

Age, 62 *Years,* 4 *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 1229 E. Chase st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y

Date of Burial, Nov 17 1886

Undertaker, Henry Hoeck

Place of Business, 309 N Central Av *Address,* 1727 E Balto St

J. G. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9610 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Madigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} Boundary Ave & Park Ave

Cause of Death, First (Primary), —

Second (Immediate), Paralysis

Duration of Last Sickness, two Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 19/86

Undertaker, Chas J. Scriven

Place of Business, N Eutaw & Address, Camp Pk & P

Thos A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 96111 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1886 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Raborg Street # 136

Cause of Death, {First (Primary), Consumption

{Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Nov 17th 1886

Undertaker, Fr. A. Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,*

L. L. Brannon M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96112 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Albrecht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty Six *Years,* ..... *Months,* ..... *Days* 1

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Maryland General Hospital 21 & 27 Linden ave

Cause of Death, First (Primary), ...

Second (Immediate), "Phthisis Pulmonalis"

Duration of Last Sickness, Seven months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, November 18

Undertaker, A. Rosenberger

Place of Business, 61 Parker Address, Md. Gen Hospital

Robert Bond per E.T. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96113 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 15th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Cobleus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 8 *Months.* 7 *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Yrs

Place of Death, {Give Street and Number.} 87 Columbia Av

Cause of Death, First (Primary), Congestion Lungs (Passive)

Second (Immediate), Apnoea

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cy

Date of Burial, Nov 17th 86

Undertaker, Stewart & Mann

Place of Business, 3 E Pratt

A. B. Arnold M. D.
Medical Attendant.

Address, Fayette & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96114 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Stewart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 817 Mulberry Court

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Nov 18th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 550 Mosher St

C. Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 9613

Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B.

Date of Death, Nov 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 719 N Bond St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 10th 1876

Undertaker, W. Clarke E. Abrahams M. D.

Medical Attendant.

Place of Business, 92 W. Pratt *Address,* 83 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96116 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. McInnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 288 N Amity St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Meningitis

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th 1896

Undertaker, Henry W. Mears

Place of Business, 413 E. Fayette St *Address,* 288 N Amity St

Jno. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 9617 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brigyn W Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hotel keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 548 Roberts st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 18th 1886

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw *Address,* 16 Hughes

M. D.

Medical Attendant.

from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ter the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ined, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Health Department, City of Baltimore.

Permit No. 96118 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Hogg

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* 2 *Months.* 16 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 575 W. Lombard St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 575 W. Lombard St

Cause of Death,
First (Primary), Diptheria
Second (Immediate), Blood Poison

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 18th 1886

Undertaker, Jos B Cook

Place of Business, No 1003 W Baltimore St

H. M. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 96119 *Office of Registrar of Vital Statistics.* Ward 7 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Bryan.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* One *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 228 (old No.) North Bond st.

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup.

Duration of Last Sickness, Several days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 18th 1886

Undertaker, Wm S Fry

Place of Business, 221 N Broadway

Rue C. Elwell, M. D.
Medical Attendant.

Address, 559 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of...

Health Department, City of Baltimore.

Permit No. 9,120 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE, MD.

Date of Death, Tuesday Nov 16th 86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named give name } Henry Young

W. F. DAILEY, Pharmaceutical Chemist, Park Avenue & Mulberry Street, Baltimore.
TELEPHONE CALL, 1272-3.

Days.

Dr. Stewart Health Commissioner
City Hall -

Dear Sir - This Child died 2 days from Marasmus - I was called in only a few hour or so before it died and made no examination of it I could see no indication of Contagious disease known Respectfully
Nov 17th 86, E. E. Welch, M. D.
COR. PARK AVE. & MULBERRY ST.

Place of Burial, New Cathedral Cemetery

Date of Burial, November 18, 1886

Undertaker, Bargam & Rye

Place of Business, 169 mulbary st *Address,* Cor Park ave & Mulberry St

E. E. Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 96121 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 17th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Blackia

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} In house rear of No 43 President St

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, life time ailing

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, November 18th

Undertaker, W L Diffel

Place of Business, 757 S Bond *Address,* 2 N Broadway

R W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96122 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McCarthy.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months.* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 230 Cross St. near Race

Cause of Death, First (Primary), Bronch. Catarrh

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 18th

Undertaker, Julius Kochler

Place of Business, Sharp & Cross St. *Address,* Southern Dispensary

J. D. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96123 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov 17 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie May Chantier

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, Years, 14 Months. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Gay & Madison

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Asthenia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 18th 1886

Undertaker, D. Kinsella Son

Place of Business, 464 W. Gay St.

Irving Miller M. D.
Medical Attendant.

Address, 1207 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96124 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mathews

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 4 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 827 Mechanic Court

Cause of Death, First (Primary), feeble from birth colic

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 18th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard

E. C. Baldwin M. D.
Medical Attendant.

Address, 304 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9625 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo N Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 4 *Days*

Color, w

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 827 Mechanic Court

Cause of Death, First (Primary), feeble from birth cold

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 18th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

E. C. Baldwin M. D.
Medical Attendant.

Address, 304 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96126 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arietta Childs Small

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 83 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 46 Bolton St

Cause of Death,
First (Primary), Phthisis
Second (Immediate), Phthisis

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Nov 19-1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw *Address,* 45 W Monument

W. Pinkney M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9612 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Lorew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 Years, Months, 22 Days,

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 41 89 Nth Organic Disease Heart

Cause of Death, First (Primary), General Anasarca. Dr Allen

Second (Immediate),

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Par[illegible] Cemetery

Date of Burial, Nov 18th 1886

Undertaker Saml W. Chase

Place of Business, 64 S. Howard St *Address,* [illegible]

Jas A Lawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 96128 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 '81.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Sachse

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life years

Place of Death, {Give Street and Number.} Residence Home {Oliver St. near Exeter Hill Ave

Cause of Death, First (Primary), Insufficiency of heart

Second (Immediate), Hydrops

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 19th

Undertaker, George Schilling

Place of Business, 17th and Lancaster *Address,* 17th & Lancaster

J. Matthieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96129 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 18
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Stonecutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} No 140 Saratoga St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 19th 1886

Undertaker, Chas T Berwen

Place of Business, No 210 N Eutaw St *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96130 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 18th. November 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathy Schmidt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25. *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorfgeissnar, Russia, Germany

Duration of Residence in the City of Baltimore, 2½ years.

Place of Death, {Give Street and Number.} Canton Ave 472.

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate),

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical cem

Date of Burial, Nov 20 1886

Undertaker, H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Canton Ave *Address,* P. Wolfe & 318.

William Hensel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96131 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Suter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} # 611 S. Wolfe

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Lyndhurst cem

Date of Burial, Nov 18th 1886

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Eastern Ave

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ue Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96132 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Bowen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 6 *Months,* 16 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 20 6. 16

Place of Death, {Give Street and Number.} 159 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Nov 18 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* Hanover St

P. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back o

Health Department, City of Baltimore.

Permit No. 96133 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Graham Fisher.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 335 Hanover St.

Cause of Death, First (Primary), ...

Second (Immediate), Trismus Infantum.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Nov 19

Undertaker, ~~Undertaker~~ Henry Brill

Place of Business, Secretary 81

P. J. McTall, M. D.
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Griffin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Londonderry Ireland

Duration of Residence in the City of Baltimore, over 50 yrs

Place of Death, {Give street and number.} 12 South High St (New No)

Cause of Death, First (Primary,) Intussusception

Second (Immediate,) Do

Duration of Last Sickness, 40 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 18 1886

Richd Sappington M. D.
Medical Attendant.

{*Undertaker,* Jas P Byrne
Place of Business (or N.) 110 N Bway

Address 330 N Bway 81 — old No 132 do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 96135 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L Grund

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years.* *Months.* *Days*

Color. White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give Street and Number.} No 7 Eutaw House Balto

Cause of Death, First (Primary), Dislocation & Spine Fracture by fall

Second (Immediate),

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 19th 1886

Undertaker, Ernst Schlosman

Place of Business, 623 S. Sharp St *Address,*

Chas W Freed *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96136 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Key

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years.* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 46 yrs.

Place of Death, {Give Street and Number.} Nor Eutaw and C Balto Md

Cause of Death, First (Primary), Injured internally

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20 1888

Undertaker, Jas J Byrne

Place of Business, 63 Fremont

Chas N. Filler M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 7613 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 21 Nov 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 815 Mechanics Court

Cause of Death, First (Primary), Asthma

Second (Immediate), Cachexia

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 24 Nov 1886

Undertaker, Geo Rinehart

Place of Business, Health Dept. *Address,* Courts H.R.

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

D. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 96138 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alexander.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 1 2 *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Northumberland, Co. Va.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give Street and Number.} 1606 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, Nov 21st

Undertaker, Smith & Denny

Place of Business, 263 Light St Address, 15-2 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

424 Franklin

Health Department, City of Baltimore.

Permit No. 96139 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Custy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Store keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} # 102 (old) Thames St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Paralysis (Genuine)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov 20th 86

Undertaker, G. Franck

Place of Business, Gaudt & Wolff *Address,* #243 Alice Anna

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96140 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ahrens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} widow.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} Md. genl Hospital.

Cause of Death, First (Primary), Alcoholism Chronic,

Second (Immediate), Asthenia & Coma.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20th 1886

Undertaker, Dietrick Wiegand

Place of Business, 1006 Druid Hill Ave

Robt Bond M. D.
Medical Attendant.

Address, Md. genl Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96141 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

A

Date of Death, Nov 17th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bockelmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 1 Wyeth St.

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov 20th 1886

Undertaker, Dieterich Wiegand

Place of Business, 1006 Druid Hill Av. *Address,* 637 Franklin St.

H. Keller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96142 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Fredk Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 450 N Mount St

Cause of Death, First (Primary), Acute Hepatitis and Splenitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Nov 19. 1886

Undertaker, Martin Haley

Place of Business, 128 Fawn st *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 96143 *Office of Registrar of Vital Statistics.* Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Uding

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give Street and Number.} 1041 Guilford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Dead Sudden, unexpected, Cause unknown

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 19th

Undertaker, Geo Schilling

Place of Business, 13th and Eutaw Address. 1213 Eutaw Place

Thos. S. Latimer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9644 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dora Burkhart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1612 Harford Ave.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 19th 1886

Undertaker, Henry W. Mears

Place of Business, #413 E. Hay. St. *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 96145 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McNally Gerrald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 210 E. Spring St

Cause of Death, First (Primary),

Second (Immediate), Abscess

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov. 19th, 86

Undertaker, Wm. Sauerwein

Place of Business, 41 S. Broadway

J. H. Luby, M. D., Medical Attendant.

Address, 34 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96146 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, NOV 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louise Shaffer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* — *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 136 North Ave —

Cause of Death, First (Primary), —

Second (Immediate), Dysentery

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Mount Ararat Cemetery

Date of Burial, Nov. 19, 1886

Wm. H. B. Sellman M. D.
Medical Attendant.

Undertaker, M. A. Daverdatz

Place of Business, [illegible] *Address,* 5 East Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96147 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May McGraw.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 3 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 923 Hollins St.

Cause of Death, First (Primary), Valvular disease of Heart

Second (Immediate), General Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 20th

Undertaker, J. J. Bowan

Place of Business, 89 Hollins St

H. H. Weber M. D.

Medical Attendant.

Address, 824 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96148 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Imhoff

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 Weeks *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Home

Cause of Death, First (Primary),

Second (Immediate), Mal- Nutrition

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 19

Undertaker, C W Bizzon

Place of Business, 1137 Pine

Thos. S. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96149 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie L Gwinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 316 Lafayette Ave

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 19-1886

Undertaker, Wm Treaver

Place of Business, 202 N. Eutaw *Address,* 28 Hancock St

S. K. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96150 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov. 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira Selby

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, wht

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 1009 Linden ave

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 19th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 922 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96151 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Rodgers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 281 Linden Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 19th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 307 Madison Av

B B Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96152 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Gibbs

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ——— *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S. Baltimore

Duration of Residence in the City of Baltimore, 3 y. 6 m.

Place of Death, {Give street and Number.} 620 Sterling St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) asthenia.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery (Dispensary Patient)

Date of Burial, November 19th 1886 W. B Platt M. D.

Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave. Address, 859 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96153 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Gugel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~ Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Michigan

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 1018 N. Arlington Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage from Lungs

Duration of Last Sickness (Sick most sick) 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, November 21

Undertaker, Walter Immel

Place of Business, 315 W. Bidde...

Thomas O'Brien M. D.
Medical Attendant.

Address, 600 N. Howard

...ct from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...ION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ...ian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...ath.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Sewell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 524 Stricker St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Ditto

Duration of Last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 19/86

Undertaker, Henry Mitchell

Place of Business, 530 N Fayette

Hal Carey Thomas M.D.
Medical Attendant.

Address 1228 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Dise[illegible] back of this Certificate.

Health Department, City of Balt[illegible]re.

Permit No. 9615 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raphael Dyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, All of life.

Place of Death, {Give Street and Number.} 835 Eutaw St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Nov 19 1886

Undertaker, Hercules Boss

Place of Business, 95 Courtland St

W. S. Bond M. D.
Medical Attendant.

Address, 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ber of this certificate.

Board of Health, City of Baltimore,

(20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H. Nuton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House work

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D.C.,

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 1235 Argyle Ave.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Congestion of lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Nov 19th 1886

Undertaker, Jos. B. Cook

Place of Business, No 1003 W Baltimore St

Physician M. D.

Medical Attendant.

Address 628 W Fremont Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 96157 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arrette G Barry.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 503 W Fayette St.

Cause of Death, First (Primary), Bronchitis.

Second (Immediate), Asthenia.

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov. 19th 1886

Undertaker, M Cadogan. Louis Pennington M. D.

Medical Attendant.

Place of Business, 227 W Mulberry St. *Address,* 505 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96158 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED NOV 19 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov, 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert, son Carl Buschow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, his life

Place of Death, {Give Street and Number.} 28 Allemanes St

Cause of Death, First (Primary), debility

Second (Immediate), General Adynamia

Duration of Last Sickness, during Life

All the above information should be furnished by the Physician.

Place of Burial, Preacher Myers cemetery (St Mathews Cemetery)

Date of Burial, Nov 20th

Undertaker, Wm. J. Schaeffer

Place of Business, 5. S. Front St

A Lispenthenzer M. D.
Medical Attendant.

Address, 1102 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...specific information in respect to each case named, see List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96159 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov. 18th 1886;

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Learington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 0 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 1 Getz Ave

Cause of Death, First (Primary), Diphtheritic Croup.

Second (Immediate), Tracheotomy was performed & the child dying (4) hours later,

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 19/86

Undertaker, Chas T. Scriven

Place of Business, 27 N Eutaw

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fayette Place.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96160 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 18 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murdock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 93 S Wolfe St

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem't

Date of Burial, November 20 96

Undertaker, Felix Gerstkowski

Place of Business, 258 Aliceanna *Address,* 117 S Ann

Geo. L. Wise M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96161 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Kackner.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Martinsburg, W. Va.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give Street and Number.} 8 Stockholm St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, Nov. 20

Undertaker, H. Hall

Place of Business, 82 West St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Shung. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96162 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lizzie Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} 1511 N. Calhoun St.

Cause of Death, First (Primary), Burn wounds.

Second (Immediate), Shock.

Duration of Last Sickness, 14 hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, Nov 19 1886

Undertaker, William V Dorsey

Place of Business, 150 East St

T. L. Rickert, M. D.
Medical Attendant.

Address, Emma Ann & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96163 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lewis Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During his life.

Place of Death, {Give Street and Number.} 115 Vincent St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, Only a few hours according to my personal observation, but said to have been 2 weeks under the care of a homeopath.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Nov 20 1886

Undertaker, Wilson N Dunger

Place of Business, 150 East St

J. H. C. Cuddy, M. D.
Medical Attendant.

Address, 506 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...specified, and to back of this Certificate. ...of Vitals on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96164 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B E Thigpen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 7 *Months.* 8 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

~~Duration of Residence in the City of Baltimore~~, Life

Place of Death, {Give Street and Number.} the 107 E. Eutaw

Cause of Death, {First (Primary), Croup.
Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cemetery Hanford road

Date of Burial, Nov 20th 1886

Undertaker, Jos B Cook

Place of Business, No 1083 W Baltimore St

W. E. Thigpen M. D.
Medical Attendant.

Address, 327 Mt Lookout Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...ate of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96165 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester V Cannell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* 16 *Days.*

Color Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 503 Orchard St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 20th 1886

Undertaker, Chas Hensley

Place of Business, 116 Orchard *Address,* 412 W Biddle St

K. Nicolas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the Permit as below, and to List of Diseases on Back of this Ce

Health Department, City of Baltimore.

Permit No. 96166

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany Lived in U.S. 10 yrs

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} Jo. Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthma

Duration of Last Sickness, 8 wks (In Hospital 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, November

Undertaker, B. Hall

Place of Business, 82 West

Oscar Cohen M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96167 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886 at 4 o'clock A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Balzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Stckton alley # 626

Cause of Death, First (Primary), Found dead in Mothers arms this Morning

Second (Immediate), death probably from convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cem

Date of Burial, Nov 20th 1886

Undertaker, W Klotkamp Jr

Place of Business, 263 E Lombard *Address,*

D G Sparrow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 94168 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mary Hartry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 371 Mulberry St

Cause of Death, First (Primary), apoplexy

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 21st 1886

Undertaker, Jos B Cook

Place of Business, No 1003 W Balto

H. F. Hill *M. D.*
Medical Attendant.

Address. 1001 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96167 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17, 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pul. Gordon

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 4, *Years,* —— *Months,* —— *Days.*

Color, White.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since born.

Place of Death, {Give Street and Number.} 920 S. Fulton St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Pyaemia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 20 86

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. *Address,* 837 S. Fulton Ave

C. W. Wilson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96170 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Kempfer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} Mt. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate) Renal Debility & Age

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov 20th 1886

Undertaker, M. Bloodsamp Jr

Place of Business, E. Lombard

I Bruce Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96171 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Briggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* 0 *Months,* 0 *Days.*

Color, Dark brown

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annerundel County

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} No 55 George st

Cause of Death, First (Primary), Gastritis

Second (Immediate), Constant Rejection of Food

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20 1886

Undertaker, Alex Kennedy

Place of Business, 110 Orchard st *Address,* c o Mulberry & Green sts

Benj L Bohner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...the Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96172 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Suffolk Va

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and Number.} # 1306 Upton St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov 20 1886

Undertaker Alex Hensley

Place of Business Merchant *Address,* Apple Av & Towson

John G Tuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96173 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 18th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} √

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2130 Mckeldin Ave

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20th

Undertaker, John E. Grace

Place of Business, 313 S. Caroline St *Address,* 700 N. Broadway

H. L. Turner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9617 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, √

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 204 E. Chase St.

Cause of Death, First (Primary), Inanition

Second (Immediate), [illegible]

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 20th 86

Undertaker, H. C. Ibieafeldt

Place of Business,

Jno Booker Bayly M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special ATTENTION of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9175 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ogle Hamill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} 1761 Jefferson St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 21/86

Undertaker, Wm Smith

Place of Business, 711 Russell *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96176 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane M. Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 E Eutaw

Cause of Death, First (Primary), Dysentery

Second (Immediate), Asthenia

Duration of Last Sickness, a few days (about)

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Nov 21. 1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Bay *Address,* 1883 Eutaw

D Shortt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kaffa

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, All my life

Place of Death, {Give Street and Number.} 209 Constitution

Cause of Death, First (Primary),

Second (Immediate), Apoplexy Probably

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Pa

Date of Burial, Nov 22nd 1886

Undertaker, John J Andrews

Place of Business No 407 Druid Hill Ave *Address,* 1712 Eden

Geo B Kyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

44 28 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96178 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Sinclair

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 40 N. Abercrombie St.

Cause of Death, First (Primary), Hypostatic Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Acute Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 21st 1886

Undertaker, Denny & Mitchell

Place of Business, 46 S. Broadway

H. G. Lusk M. D.
Medical Attendant.

Address, 2100 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

this Certificate.

Health Department, City of Baltimore. 14

Permit No. 96179 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 13

Date of Death, 11.20.86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie G. Trower

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 1034 W. Fayette St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, North Laudon Va

Date of Burial, Nov 22d 1886

Undertaker, Henry H. Meads

Place of Business, #413 E. Fayette St *Address,* 349 Rush.

Edwin M Kershaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

1429 Fremont

No. 96180

The Special Attention of Physicians is Respectfully Invited to Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96180 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maria Behrens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Soul

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen yrs.

Place of Death, {Give Street and Number.} 4 N. Chapel St.

Cause of Death, First (Primary), Puerperal Eclampsia

Second (Immediate), Uraemia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Nov. 21 st 80

Undertaker, C. France

Place of Business, Bank & Wolfe St. *Address,* 2000 E. Balto

C. McAnulty M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96181 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Frederika Johannsen

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 20th 1886

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweeden

Duration of Residence in the City of Baltimore, ~~7 3½ Years~~ Weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 20th

Undertaker, Sanders & Son

Place of Business, Canton Av.

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0783

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96182 — *Office of Registrar of Vital Statistics.* Ward 6 I

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fennet

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 21 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1409 N. Eden st

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 21 th 1886

Undertaker, John Hennaig

Place of Business, 882 Orleans St *Address,* Balto

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 706

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 96183 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Nov. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Gablein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} J

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 727 N. Castle St

Cause of Death, First (Primary), Drowned

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 21st 1886

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 156 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96184 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Nov. 19th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S. Hine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Manager for Booth & Barrett

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Haven Ct.

Duration of Residence in the City of Baltimore, About 7 years.

Place of Death, {Give Street and Number.} 2006 Mc'Culloh St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, Not less than 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov 21-1886

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw Address, Office 953 Mad. Ave.

Eldridge C. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 16185 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH NOV 20 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November, 19th 1896

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Carr

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Seventy-one *Years,* Sup *Months,* ——— *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation — —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Winchester Va

Duration of Residence in the City of Baltimore, about twenty five years

Place of Death, { Give street and Number. } N. Calhoun St 871

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Inanition

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Nov 20

Undertaker C H Blazer

Place of Business, 1139 Pa ave *Address,*

W. S. Keyser *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1161

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96186 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Nov. 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schaal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Suppurative Otitis

Second (Immediate), Heart Failure

Duration of Last Sickness, 1st Month

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, Nov 20 '86

Undertaker, Geo. Rinehart

Place of Business, Health Office

William A. Glass M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96187 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. DEC 30 1886

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Flood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 (about) *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Fractured Skull

Second (Immediate), Compression of Brain

Duration of Last Sickness, 9 hrs

All the above information should be furnished by the Physician.

Place of Burial, E. Pale Cemetery

Date of Burial, Nov 21 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office

William H. Glenn M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96188 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Minder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Le future

Place of Death, {Give Street and Number.} No 4 Woodyear Ct

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 21st 1886

Undertaker, W W Madden

Place of Business, 76 East St

W K Warner M. D.
Medical Attendant.

Address, 280 N Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...is Certificate.

Board of Health, City of Baltimore,

Permit No. 96189 *Office of Registrar of Vital Statistics.* Ward 13 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Webster Evans

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} male

Age, 8 *Years,* 2 *Months,* 15 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 26 Paul St

Cause of Death, First, (Primary,) Enteric Fever

Second, (Immediate,) Exhaustion - failure of heart

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 21 1886

Undertaker, Denny and Mitchell

Place of Business, 570 W Fayette St *Address,* 285 E Eutaw St

W. T. Goode M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96193 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Andrews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Junk Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland, Carolin Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Smiths Dock Baltimore Harbor

Cause of Death, First (Primary), Struck by Steamer Manteklla

Second (Immediate),

Duration of Last Sickness, Body taken to his residence Conway St 125 Nov 19th 1896

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, November 21/96

Undertaker, B Hale

Place of Business, 82 West St *Address,*

L G Sparrow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, November 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Conner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (262 old (now 1736) Alice Anna st

Cause of Death,
First (Primary),
Second (Immediate), Consumption,

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 21 Nov 1886

Undertaker, John C Schuck

Place of Business, 268 Aisquith st

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 old) 700 new)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 3

Permit No. 9619 — *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F.

Age, — *Years,* 16 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 152 S. Bond St

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 21 November 1886

Undertaker, John C. Schuh

Place of Business, 185 Aliceanna St

Geo Brunzie M. D.
Medical Attendant.

Address, London Alley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 92193 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 19th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Rice

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, Seventy three *Years,* Seven *Months.* Two *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, - Six Months

Place of Death, {Give Street and Number.} No. 10 Peach Alley -

Cause of Death, First (Primary), Old Age -

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, About 2 mos -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21st 1896

Undertaker, H. Ware & Son

Place of Business, 96 Calvert St.

C. T. Jones M. D.
Medical Attendant.

Address, 312 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9614 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 20. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Reinfelder

Reinfelder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give Street and Number.} 236. N. Central Avenue.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Bronchio-Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, Nov 21 1886

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

Augustus Whitehead Gibbons M. D.
Medical Attendant.

Address, 6. S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16195 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josepha Karb

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Fracture of Skull (R.R.)

Second (Immediate), Compression of brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemt'y

Date of Burial, Nov 22 1886

Undertaker, Henry Roth

Place of Business, 39 & 41 Cent. Ave *Address,* 182 N Calvert

Wm J. Cuskery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96196 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie H. Brooks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 378 William St.

Cause of Death, First (Primary), Bronch. Catarrh

Second (Immediate), "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 21st 1886

Undertaker, B. Hoole

Place of Business, 82 West St. *Address,* 347 N. Broadway

John B. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 4 4 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7017 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 19 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eunels

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labrer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 428 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Nov 21 1886

Undertaker, Hercules Moss

Place of Business, 95 Eastern Ave

G. L. Bobb *M. D.*
Medical Attendant.

Address, 117 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10198 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21 1886 BALTIMORE

Date of Death, Nov 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Owens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 m *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 145 Fork St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 21st 1886.

Undertaker, Daniel Flynn

Place of Business, 109 West St

Thos. Ford M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96199 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Commit

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 209 McHenry st.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 22

Undertaker, Joseph B Cook

Place of Business, 1003 W Baltimore

Truman F Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96200 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, November 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.* /

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 489 McKeldin Ave

Cause of Death, First (Primary), Diphtheria x

Second (Immediate), " Croup

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Nov 21 1886

Wm. L. Purnell M. D.
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St *Address,* 500 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9201 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Peter Sörensen Lund

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} # 8 Towson St, Locust Point

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 21st 1886

Undertaker, H. Sander Sons. John H. Rehberger M. D.

Medical Attendant.

New Nos. 1708 & 1710 *Place of Business,* Canton Ave. *Address,* # 243 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96202 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 522 Saratoga St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 522 Saratoga St

Cause of Death, First (Primary), Cynanche Indigna associated with Miasmatic Fever - convalescence Partial

Second (Immediate), Exhaustion - Exhaustion & Pseudo Blood poison following

Duration of Last Sickness, Total 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 22nd

Undertaker, J B Cooks

Place of Business, 1003 Baltimore St. *Address,*

J W Sapton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96203 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elana Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 6 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 7 Watts st

Cause of Death, First (Primary), Phthisis Pulmon

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 months about

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22 1886

Undertaker, Alex Hamby

Place of Business, Marshall & Hamby *Address,* 605 W Lombard st

H. H. Lindsay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9f204 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Higgins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 138 E. Madison (Old Number)

Cause of Death, First, (Primary,) Dysenteric Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Nov 22nd 1886

James Whitefort M. D.
Medical Attendant.

Undertaker, Geo O Byrne

Place of Business, 68 Franklin *Address,* 145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 96205 — *Office of Registrar of Vital Statistics.* 600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 11. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 617 N. Duncan, Alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 21 1886

Undertaker, William Dunger

Place of Business, 150 East st

Geo W Barkman M.D.
Medical Attendant.

Address, 1918 E. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back [illegible]

Health Department, City of Baltimore.

Permit No. 9620b *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Nov 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 113 N Amity alley

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, Nov 21 1886

Undertaker, William Munger

Place of Business, 150 East St

James Bowley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 9207 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Parker.

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Adult~~ 28 *Years,* —— *Months.* —— *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Nihil. ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 8 or 9 years.

Place of Death, {Give Street and Number.} 29 Marsh Market Space

Cause of Death,
First (Primary), Methodismus Debilis.
Second (Immediate), Drinkera.

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Sub Cemetery

Date of Burial, Nov 21st /86

Undertaker, George Reinhart

Place of Business, Health Office

Alfred Whitehead M. D.
Medical Attendant.

Address, 1 E. S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 96208 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 120 N. Schroeder

Cause of Death, First (Primary), Consumption of Bowels

Second (Immediate), about 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov 22nd

Undertaker, John J Curran

Place of Business, 89 Hollins st

W. O'Neill M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98209 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 20/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wiegman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3/12 *Years,* *Months,* *Days.*

~~*Color*~~, white

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} old 29 S. Poppleton St

Cause of Death, First (Primary), Laryngeal Diphtheria

Second (Immediate), Apnoea

Duration of Last Sickness, 4 5

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 22nd

Undertaker, J. J. Cowan

Place of Business, 89 Hollins St

C. C. McDowell M. D.
Medical Attendant.

Address, 152 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9620

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9620 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Gleschta

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Abbott St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansus

Date of Burial, Nov. 21. 1886

Undertaker, Frank. Brady

Place of Business, 249. N Durst

J. W Bliner M. D.
Medical Attendant.

Address, Cor Caroline & Ast

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96211 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, November 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nagel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. /

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 213 + 813 Scott st

Cause of Death, First (Primary), Diphtheria from Malignant

Second (Immediate), Spasm

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov. 22nd /86

Undertaker, H. J. Dill & son

Place of Business, 746 Columbia

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166. + 610. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9621/2 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 21 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Fuchsman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 102 So. Caroline

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery.

Date of Burial, Nov 22nd

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore *Address,* 1 So. Eden

J. L. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7121

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96213 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Nov. 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hy. Parsina

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 1 Brunt St

Cause of Death, First (Primary), Eclampsia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Nov 22 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

D. Rickert M. D.
Medical Attendant.

Address, Penna Ave & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9624 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter H. Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} At Hospital Hospt.

Cause of Death, First (Primary), Nephritis acute

Second (Immediate), Asthenia

Duration of Last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 22 " 1886

Undertaker, Bernard Hahn

Place of Business, #82 West St

J. F. Smead M. D.
Medical Attendant.

Address Marine Hospital Service.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96215 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Virginia Gettier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months.* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 1428 N. Gilmor St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Failure of heart —

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 22nd/96

Undertaker, Jos. B. Cook

Place of Business 707 W. Balto St

Chas E Gaither M. D.
Medical Attendant.

Address, 560 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96216

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96216 *Office of Registrar of Vital Statistics.* **Ward** 20

HEALTH DEPARTMENT NOV 26 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th / 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arabella Gilch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 1445 north Eutaw St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 22 1896

Undertaker, H L Schaefer

Place of Business, No 104 Fremont Address, Baltimore, Md

James Adams M. D.

Address, Baltimore, Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. L. Seward M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9627 *Office of Registrar of Vital Statistics.* Ward 6 CI

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH NOV 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 20. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hearrick Ann Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 2 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Servant —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} North Duncan at 4 doors below McElderry St.

Cause of Death, First (Primary), Phthysis

Second (Immediate), Asthenia.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 23 1886

Undertaker, Wilkins & Dwyer

Place of Business, 62 East St

N. J. Forwiler M. D.
Medical Attendant.

Address, 96 N. Amer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4 4 30 Travel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96218 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 13 Wyeth St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ——

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 22 1886

Undertaker, Armistead Denny

Place of Business, 263 Light St *Address,* 26 S Paca St

J. H. Harvey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96219 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia A Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 8 *Months,* 17 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 706 Barney

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 24/86

Undertaker, Wm Gickner

Place of Business, 221 S Eutaw

Jno D Blake M. D.
Medical Attendant.

Address, 158 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96220 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Cusack

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} 27 E. Monument

Cause of Death, First (Primary), Heart disease

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 23rd 1886

Undertaker, Evans & Spence

Place of Business, 10 E Baltimore

Chas Brooke Bayly M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96221

Office of Registrar of Vital Statistics.

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bridger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Don't know

Duration of Residence in the City of Baltimore, 3 — 4 days

Place of Death, {Give Street and Number.} Back Basin

Cause of Death, First (Primary), Asphyxia (From Drowning)

Second (Immediate),

Duration of Last Sickness, 2 — 3 minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Rel Cemetery

Date of Burial, Nov 22 '86

Undertaker, Geo. Rinehart

Place of Business, Health Office

Address, Corner

Alex Underhill *Medical Attendant.* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96222 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson Keller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 6 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Provision Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 337 W. Biddle St

Cause of Death, First (Primary), Asthma, Emphysema & Bronchitis

Second (Immediate), dilatation of heart

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov - 23 - 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw *Address,* 605 Cathedral St

J. E. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96223 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pierson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 rr 62 of Stirling

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 22 d 1886

Walter H. White M. D.
Medical Attendant.

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,* 1101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96224 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1896 BALTIMORE MD.

770

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Fracture pelvis - internal pelvic injury

Second (Immediate), Peritonitis (Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 23rd 1896

Undertaker, C. F. Krauseslon

Place of Business, 209 W Saratoga

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spondent attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96225 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

D

Date of Death, November 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents name, Mr. & Mrs. Wilson Harris.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 326 Courtland St. Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 326 Courtland St

Cause of Death, First (Primary), I saw the mother after confinement three times but did not attend the infant, but am informed that it was seized with convulsions yesterday

Second (Immediate), ...

Duration of Last Sickness, 24 hours?

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22d 1886

Undertaker, Wm. Jones Gray

Place of Business, 65 Marlberry St

J. E. Atkinson M. D.
Medical Attendant.

Address, 615 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96226 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Nov 23. 1886

Undertaker, John Masterson

Place of Business, Division St. *Address,* Harlem ave & Calhoun.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96227 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther B Gardner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1306 Mount St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Nov 23-1886

Undertaker, E. H. Selby

Place of Business, Balto Co

H H Hunt M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 96228

Office of Registrar of Vital Statistics.

8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

8

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Rosman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 23 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } # 1509 North Central Ave

Cause of Death, First, (Primary.) Albuminuria

Second, (Immediate.) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 23

Undertaker, Wm J Schaeffer

Place of Business, 5 S Front St

J E Hooke M.D.

Medical Attendant.

Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96229 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 20th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Perkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 0 *Months,* *Days.*

Color, Dark brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Oxford Talbot Co Md

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} No 2 Norwood Court

Cause of Death, First (Primary), Bad cold

Second (Immediate), Bronchitis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Oxford Talbot Co Md

Date of Burial, Nov 23 1886

Undertaker, By steam power

Place of Business, 150 East St

Benj F Bohrer M. D.
Medical Attendant.

Address, Cor Mulberry & Green Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4431 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96230 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 22-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Christened (Kess)

Sex, Male or Female, {Cross out the word not required in this line.} Male Son of Geo. W. & Dora Kess (Parents)

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Married

Occupation, ~~———~~ Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1714 McCulloh St.

Cause of Death, First (Primary), "Umbilical Hemorrhage"

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary.

Date of Burial, November 23d 86

Undertaker, Chas. S. Butler.

Place of Business, 132 N. Caroline St.

Geo F Taylor M. D.
Medical Attendant.

Address, 728 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96231 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, Sat. Nov 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayer Gross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 34 *Years,* ... *Months.* — *Days*

Color, mpv

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 303 Hanover cor Cit

Cause of Death, First (Primary), Heart Disease (Acute & Mitral)

Second (Immediate), Cardiac Asthenia

Duration of Last Sickness, 6 minutes

All the above information should be furnished by the Physician.

Place of Burial, Shaarai Shomayim

Date of Burial, Nov 23 1886

Undertaker, H. Ross

Place of Business, 95 Eas Wash St

L. L. Preston M. D.
Medical Attendant.

Address, 112 Hanover cor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96232 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O McGee,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 1510 Franklin St.

Cause of Death, First (Primary), Hydrocephalus,

Second (Immediate), Coma,

Duration of Last Sickness, 6 Hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 23d 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 505 N Carrollton Ave

John O Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96233 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 23 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella C. Miles

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 323 Argyle Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 23d 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 188 Franklin

J. H. Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96234 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} # 1110 Druid[illegible]

Cause of Death, First (Primary), [illegible]

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Mark's Cem

Date of Burial, Nov 23rd 1886

Undertaker, Brashears Bros.

Place of Business, 819 Penn ave

Wm. F. Campbell M. D.
Medical Attendant.

Address, Druid[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96235 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas McCauley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 1908 Patterson Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 23" 1886

Undertaker, Wm Tickner

Place of Business, 221 S. Eutaw St *Address,* 280 N. Stricker St

W. K. Farner, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96236 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Byron Bradley & Clara Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} 2 Parents

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give Street and Number.} 2024 Hanover St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 24th

R. H. Ellis M. D.
Medical Attendant.

Undertaker, Byron & Bradley

Place of Business, Elevator Office *Address,* 21 S. Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 1886

Permit No. 96237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 23 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wise

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 Years, 4 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 1203 S. Charles St

Cause of Death, First (Primary,) Spinal disease and Tuberculosis

Second (Immediate,) Tubercular meningitis (Probably)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 23rd 1886

Undertaker, Ph. J. Lilly & son

Place of Business, 746 Columbia Av.

Rich'd Henry Thomas M. D.
Medical Attendant.

Address 714 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96238 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 22nd Nov 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 38y.

Place of Death, {Give Street and Number.} 2 Williamson Pl

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, November 25th

Undertaker, B. Ford

Place of Business, 82 West St

H W Webster M. D.
Medical Attendant.

Address, 166 Barron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96239 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar J. Hussell.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Master Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 3-7 Years

Place of Death, {Give Street and Number.} 478 Franklin St.

Cause of Death, First (Primary), Chronic Albuminuria.

Second (Immediate), Cerebral Apoplexy.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov. 23/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Lafayette

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

8 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Love

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 8 *Months,* 29 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ Widow ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number.} North New No 421 Boundry Ave

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 24th

Undertaker, Geo Schilling

Place of Business, Ashland Square

A G Watson M.D.
Medical Attendant.

Address 1301 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96241 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bergander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 10 *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give Street and Number.} 239 W Fayette St

Cause of Death, {First (Primary), Apoplexy

Second (Immediate), Pneumonia

Duration of Last Sickness, Three Days

All the above Information should be furnished by the Physician.

Place of Burial Loyd St Congregation Cemetery

Date of Burial, Nov 24th 1886

Undertaker, Denny & Mitchell

Place of Business, 268 S Broadway *Address,*

H. A. Lurdel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96242 *Office of Registrar of Vital Statistics.* Ward 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Goodwan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 30 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 45 Low st

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days (about)

All the above information should be furnished by the Physician.

Place of Burial, Burgan Cemetery

Date of Burial, Nov 23

Undertaker, Jacob Ahrens

Place of Business, 498 W Balto *Address,* 403 N Eden st

D Schmitt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96243 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Chord

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Six *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 244 Light St.

Cause of Death, First (Primary), Bronchial Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 24th 1886

Undertaker, John J Andrews

Place of Business No 407 and 409 Druid Hill Ave

D E Lancey W Barclay M. D.
Medical Attendant.

Address, 188 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96274 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sullivan.

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, about 40 years.

Place of Death, {Give Street and Number.} old 183 N. Paca st.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Pulmonary Hemorrhage.

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 25/86

Undertaker, Chas T Scriven

Place of Business, 21 N Eutaw Address, 115 W. Monument st

C. O'Donovan Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96245 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

DEPARTMENT NOV 23 1886

Date of Death, Nov 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Hojda

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Son

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boundary Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Boundary Ave

Cause of Death, First (Primary), Pseudo Membranous Laryngitis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial Nov. 24 1886

Undertaker, Frank Evach

Place of Business, 249 N Durham St *Address,* Gardenville Balto Co

Geo F. Cox *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96214 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 23 1886
REGISTRY

CERTIFICATE OF DEATH.

Date of Death, November 22 nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chs Howard Wolfangel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ... ″

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} E.N. 315 Mulberry St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), ...

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 24

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle

Louis (his) Horn M. D.
Medical Attendant.

Address, on Mulberry Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96247 *Office of Registrar of Vital Statistics.* Ward 2

BUREAU OF STATISTICS
NOV 24
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 23th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gould

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* /4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Hammond Alley

Cause of Death, First (Primary), Premature

Second (Immediate), Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cem

Date of Burial, Nov 24th 1886

Undertaker, W Schull

Place of Business, 3 Bond St Address, Cem

Thos A Hearn M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Daniel A Clayton Jr
Undertaker

Board of Health, City of Baltimore,

(13)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96248.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(6 B)

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Schneider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Cook at Eutaw House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 71 S. Ann St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pleuro-Pneumonia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Little York Pa

Date of Burial, Nov 24th 1886.

J. E. Lincoln M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address* 9 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96249 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 22. '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Tongue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis A. A. Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 3 Morris Ct

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Dropsy and Exhaustion consequent upon it

Duration of Last Sickness, About Eighteen

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1886

Undertaker, William N Lange

Place of Business, 150 East St

J. B. Schwatka M. D.
Medical Attendant.

Address, 933 ½ Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96750 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birtie Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— 1 *Months,* —— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} H & Amity Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} H & Amity St.

Cause of Death, First (Primary), Pulmonary Cong Edema

Second (Immediate), Apnoea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 24th 1886

Undertaker, Morgan & Pye

Place of Business, 9 McCulloh St *Address,* 436 N Fayette St

G L Harrod *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96251 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 23 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Steinberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 431 Wagner St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom Druid Hill Ave.

Date of Burial, November 24th

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore St

Howard Cooke M. D.
Medical Attendant.

Address, 431 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

(Over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96252 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

H

Date of Death, Nov. 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terrence McManus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Contractor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Heart Failure

Duration of Last Sickness, Not Known

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 25 1886

Undertaker, Jas C Byrne

Place of Business, N.A. [redacted] Gay

William E Brown M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96283 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effa. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 11 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Martensburg

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 38 Moore St

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial Laurel St Cemetery

Date of Burial Nov 24 1886

Undertaker, H. Ross

Place of Business, 95 Canton St

L. A. Gillis M. D., Medical Attendant.

Address, 188 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96254 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1886 REGISTERED

B

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carsten Schmidt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* 12 *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 37 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Fawn St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, November 24/86

Undertaker, Michael Funk

Place of Business, 35 Bank St

Thos. Kelly M. D.,
Medical Attendant.

Address, 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96255 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Main

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 134 N Wolfe St.

Cause of Death, First (Primary), Heart disease

Second (Immediate), Dropsy, Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chu

Date of Burial, Nov 25 1886

Undertaker, G Franan

Place of Business, Bank St Wolfe

A B Lucas M. D.
Medical Attendant.

Address, St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 96256 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Trout Sclee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 112 (New) Isle St.

Cause of Death, First (Primary), Diphtheretic Croup

Second (Immediate).

Duration of Last Sickness, One Week - Called on Saturday last

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Nov. 24th 86

Undertaker G. Franc

Place of Business, Bonts & Wolfe Sts. *Address,* 299 E Baltimore St.

James E. Deaville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96257 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Nov. 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Schaeder

Sex, Male or Female, {Cross out the word not required in this line.} Female (Schaeder)

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 39 Burke Street

Cause of Death, First (Primary), Hernia

Second (Immediate), Intestinal Obstruction

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 25th 86

Undertaker, C. France

Place of Business, Bantz & Wolfe & *Address,* 411 S. Balto St.

James D. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96258 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A Bangs.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} New #8 Penrhatten St

Cause of Death, First (Primary),

Second (Immediate), Bronchitis Chronic

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 25th 1886

Undertaker, Armstrong & Dunn

Place of Business, 263 Light St

Edward Cook M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96259 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} # 256 N Caroline st.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 7 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, November 25

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96260 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella E. Hazel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time —

Place of Death, {Give street and Number.} N. E. Cor. Duncan alley + Bank Sts

Cause of Death, First, (Primary,) —

Second, (Immediate,) Metritis

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 25th 1886

Undertaker, M. Clark + Son

Place of Business, 92 S. Ann

T. J. Bushell Jr. M. D.,
Medical Attendant.

Address, 750 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96261 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 22 Nov. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Hodgson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Foreman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Manchester, England

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 1358 W. Lombard

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate),

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov. 25/86

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette

John Hood M. D.
Medical Attendant.

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96262 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 22. 1886 Constantine

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Constantine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 25 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} New No. 2002 E. Balt. St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Nov. 24th /86

Undertaker, M. A. Darger Ntty.

Place of Business, 74 S. Bdwy.

G. A. Cook M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96263 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT NOV 14 1896 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} No. 108 S. Castle St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov. 26 '96

Undertaker, M. F. Dwyer Atty

Place of Business, 74 S. Bway

[signature], M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96264 *Office of Registrar of Vital Statistics.* Ward 6 cf 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, 22nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Ida Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* .. *Months,* .. *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore U.S.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 159 N. Dallas

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exaustion

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel (cemt)

Date of Burial, Jan 24 1886

Undertaker, Charles D. Butler

Place of Business, 132 Carline st

Thos J Simms M. D.
Medical Attendant.

Address, 804 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96265 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke 3 Barnet

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give Street and Number.} No 111 N. Howard St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 1 year and a half

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 24th/86

Undertaker, M. Cadigan

Place of Business, 227 Mulberry St

H. Linton M. Storm M. D.
Medical Attendant.

Address, 184 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96266 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Buck

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 92 Division St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 24th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

J. W. Hook M. D.
Medical Attendant.

Address, 1095 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. W. Glascoe

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, One (1) *Years,* Four (4) *Months,* Three (3) *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Raborg Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Nov 24 1886

David J. Reinhart, M. D.
Medical Attendant.

Undertaker, S W Blease

Place of Business, 98 1/2 Howard St *Address,* 1111 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore.

Permit No. 96268 *Office of Registrar of Vital Statistics.* Ward 19 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Blizzard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married.*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co, Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 1336 Fulton avenue

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Extensive Sloughing of Tongue

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Park

Date of Burial, Nov. 26 9 a m

Undertaker, C M Blizzard

Place of Business, 1139 Penn ave

C. Fawcett M. D.
Medical Attendant.

Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96269 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Pinkney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* *Days.*

Color, Black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 80 J. McDonough St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 25th

Undertaker, Eco Schilling

Place of Business, Ash and Eyan *Address,* 200 N. Broadway

Wm. E. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to *In all Cases, Accompany its Destination.* | ack of this Certificate.

Health Department of Baltimore.

Permit No. 96270 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Hance

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or long in, if of for... and how ed States, h.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 24 Woodward Sq

Cause of Death, First (Primary), ———

Second (Immediate), Dentition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial Nov 26th 1886

Undertaker, Jos B Cook

Place of Business, No 1003 W Balt'm St

Medical Attendant. Jno D Blake M. D.

Address, 58 Lucas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 9627 / *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Gattier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpet Layer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (Old) 1428 Gilmor St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 25/86.

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

Chas E Sadler M. D.
Medical Attendant.

Address, 565 North Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

96272

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9627K *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Beauchamp

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 36 *Years,* 6 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Minister

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md.

Duration of Residence in the City of Baltimore, 16 Yrs.

Place of Death, {Give Street and Number.} 49 S. Washington Av.

Cause of Death, First (Primary), Strangulated Ventral Hernia

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 26, 86

Undertaker, W. H. Saylor & Co.

Place of Business, 745 Broadway

Geo. L. Christian M. D.
Medical Attendant.

Address, 711 E. Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16273 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fraud J. Roll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 904 E. Chase St

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, March 25th 1886

Undertaker, A. Fink & Son

Place of Business, 416 N. Eutaw St

I. W. Blower M. D.
Medical Attendant.

Address, 907 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76274 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Shelley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1517 Lafayette Avenue

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, Nov 25th 1886

Undertaker, Denny and Mitchell

Place of Business, 550 West Fayette *Address,* 700 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16275 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W. Matthews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 62 *Years,* — *Months,* — *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2113 Ething St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Hampden Cem

Date of Burial, Nov 25 86

Undertaker, Alex Hunt

Place of Business, Woodberry *Address,*

Geo R A Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16216 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Northern

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 715 N Durham St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1886

Undertaker, [redacted]

Place of Business, [redacted] *Address,* [redacted]

Wm L. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

... is respectfully invited to the REMARKS below, and to LIST of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16277 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Summers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1234 W. Pratt

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Passive Bright's Disease

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 25

Undertaker, F B Cook

Place of Business, 1030 W Baltimore

James I Bacon M. D.
Medical Attendant.

Cor Arlington & Lafayette Aves
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 96278 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Jenkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation General House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and Number.} 910 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 25th 1886

Undertaker Wm J Gray

Place of Business, 219 Mulberry St

J. Zinglin M. D.
Medical Attendant.

Address, 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96279 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bieste

Sex, Male or Female, {Cross out the word not required in this line.} Female (Bieste)

Age, 86 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} N. W. Cor. Bond & Lancaster Sts.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Old Age —

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 26th 1886

Undertaker, Leonhard Kurz

Place of Business, 212 N. Bond St. *Address,* 703 S. Broadway

N. L. Bushell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ne Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1280 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta M. daughter of Charles J. & Catherine Keale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 1 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Child

Occupation, ?

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give Street and Number.} S. W. Cor Pratt & Gough Sts

Cause of Death, First (Primary), Congenital Heart Disease

Second (Immediate), Convulsions

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 27 1886

Undertaker, John J Andrews

Place of Business, No 407 and 409 Druid Hill Ave

A Theo Thurber M. D.
Medical Attendant.

Address 1102 E Baltd St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 90281 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor Eager & Harford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 25th

Undertaker, Henry Widdefield

Place of Business, 100 Greenmount Ave

Wm Whitridge M. D.
Medical Attendant.

Address, Eager & Charles Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16282 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maisy Queen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 8 *Months,* 4 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} No 30 Whiteoak st

Cause of Death, First (Primary), Unknown

Second (Immediate), Malarial fever

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Nov 25 1886

Undertaker, William Dunger

Place of Business, 62 Eutaw st

Benj F Bohn M. D.
Medical Attendant.

Address, Cor Mulberry & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16283 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoire G Thouvenin,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days*

Color, White,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give Street and Number.} 717 N Howard St.

Cause of Death, First (Primary), Advanced age,

Second (Immediate), Prostration,

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Catholic

Date of Burial, Friday Nov 26

Undertaker, J C & F Byrne

Place of Business, 5-7 n Eutaw St *Address,* 505 N Carrollton Av,

Thos Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 12284 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Nov ~~25~~ 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 5 Church St

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn St Cemetery

Date of Burial, Nov 26 1886

Undertaker, Hercules Bosse

Place of Business, 95 Courtland St *Address,* 146 Hanover St

Attended by Henry Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16285 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Hickman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 17 Worcester St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1886

Undertaker, Hennessy Bros

Place of Business, 95 Conway St

R. H. S. Ellis M. D.
Medical Attendant.

Address, 21st Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96286 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1886-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cedars

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster-shucker

Birth Place, {State or country, and how long in the United States, If of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Killed on Cross St Pier, near Clarkson Alley by a bullet fired from a pistol in the hands of John Boggs Col.

Cause of Death, First (Primary), Bullet wound in the brain-

Second (Immediate), Heart Shock

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Nov 26th

Undertaker, Sewell and Sands

Place of Business, 196 W Pratt St

F J Flannery M. D.

Coroner

~~Medical Attendant.~~

Address, 1701 Dr. Hill Ave.

Residence 1122 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96287 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Nov 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 81 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 114 E Pratt Street

Cause of Death, First (Primary), Fracture of neck of femur

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Hebrew Cemetery

Date of Burial, November 26th

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules on Back, and Penalties Attached.

Health Department, City of Baltimore.

Permit No. 96288 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 24 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles N. Dodd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk in Store

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 18 Etting St

Cause of Death, First (Primary), Acute Congestion of the Lungs

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Nov. 26th 1876

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw

L. Fawcett M. D.
Medical Attendant.

Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96289 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Slothower

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 2 *Years,* 2 *Months,* 2 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 271 McCulloh St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Heart clot

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 26th 1886

Undertaker, Wm. Weaver

Place of Business, 202 N Eutaw

W. H. Keen M. D.
Medical Attendant.

Address, 537 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96290 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lawson (

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Cor. West & Ridgely Sts

Cause of Death, First (Primary), Was accidentally smothered in bed by turning upon its face.
Second (Immediate), Asphyxia.

Duration of Last Sickness, <

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov. 26th 1886

Undertaker, Ernst Schlosnagle

Place of Business, 18 Sharp St

H. H. Flannery M. D.
Medical Attendant

Coroner

Address 1701 E. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 96291 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy M Waterhouse

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sales Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1331 Carey St

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 27th 1886

Undertaker, John J. Andrews

Place of Business, No 407 & 409 Druid Hill Ave

C. Fawcett M. D.
Medical Attendant.

Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96492 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schmidt,

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* ..... *Months,* ..... 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} New # 245 S. Regester St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 26th 86

Undertaker, G. Ornauer

Place of Business, Bank & Wolfe *Address,* # 243 Aisquith St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96293 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 26 1896
BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, November 25. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Schmick.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Slater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 27 Walbin St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Cardiac Dropsy

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 27th

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St

J. W. Hoeck M. D.
Medical Attendant.

Address, 1005 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96294 *Office of Registrar of Vital Statistics.* Ward 1/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O Connors

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 11 ~~Days~~ hours

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, N

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 80 Lemmon St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inanation

Duration of Last Sickness, 11 hours. The child of Mrs O Connors + his wife

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 28-86

Undertaker, Kemp Bro's & Simpson

Place of Business, 8 N Central Ave *Address,* 38 O Donnell St

E E Richard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96295 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT NOV 26 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1896 Nov 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Egan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 27 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 11 months 29 days

Place of Death, {Give Street and Number.} 814 W Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 26 96

Undertaker, M Corrigan

Place of Business, 22 Mulberry St *Address,* 214 N Eutaw

Wm F Geaslin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

8 o

Permit No. 96296 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Vincent

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 1111 St Paul St

Cause of Death, First (Primary), Suffocation by Illuminating Gas

Second (Immediate), "

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co Md

Date of Burial, Nov 27th

Undertaker, Geo Schilling

Place of Business, Ysland Grove Address 101 N Broadway

E H Richard M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4435 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96297 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Federica M. Waidner.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 8 *Months,* 5 *Days*

Color,

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give Street and Number.} 1101 Franklin St

Cause of Death, {First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 27/86

Undertaker, Denny & Mitchell

Place of Business, 930 W. Fayette.

J. H. C. Eddy M. D.
Medical Attendant.

Address, 526 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 96298 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death. Nov 24th 1886

Full Name of Deceased. { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Malin

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. } Male

Age, 48 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation Fish dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Durey life

Place of Death. { Give street and Number. } No 417 S. Howard st

Cause of Death. First (Primary). Scirrus of Liver

Second (Immediate).

Duration of Last Sickness. 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 26th 1886

Undertaker C. F. Krauser Son

Place of Business, 209 Hanover

A. Pleasants M. D.
Medical Attendant.

Address, 410 Philadelphia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry

Board of Health, City of Baltimore,

Permit No. 96299 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 77

Date of Death, Nov 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Maccan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twelve *Years,* *Months,* *Days,*

Color, Black

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Baltimore University Hospital

Cause of Death, First (Primary),

Second (Immediate) Peritonitis Congest of Lungs.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 27 1886

Undertaker Hercules Bros

Place of Business, E. Eutaw St

Wm B. Selluau M. D.
Medical Attendant.

Address, 9 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96300 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Infant of Louisa and John Kaffenbarger

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ~~years~~ *Years,* ~~months~~ *Months,* 1 1/2. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 94 Heath St.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 26th 1886

Undertaker, P. Hale. James A. Steuart M. D.

Place of Business, West St. *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Dunang = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96301 *Office of Registrar of Vital Statistics.* Ward 11/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Alonzo DeCourcy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 718 Druid Hill Avenue

Cause of Death, First (Primary), Phthisis Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 29th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard *Address,* 16 Columbia Av

Jos A Shaw *M. D.* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96302 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norman West.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 646 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Nov 28 1886

Undertaker, Michael Doyle

Place of Business, 200 Charles St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96303 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto a ✓

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 11 E Hoffman St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran Cemet

Date of Burial, Nov 27 86

Undertaker, J Harle

Place of Business, 82 West 8th

Thurston Corbin M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96204 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co

Duration of Residence in the City of Baltimore, 56 Years

Place of Death, {Give Street and Number.} 933 Wilkens Ave

Cause of Death, {First (Primary),

{Second (Immediate), Phthisis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 27/86

Undertaker, J B Lees

Place of Business, W Balto St

James A Steuart M. D.

~~Medical Attendant,~~

Address, Commiss of Health & Regis

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. C. Roberts Sanit Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 96305 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Maggie Deuel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 1513 E. Chase st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov. 27 1886

Undertaker, [illegible]

Place of Business, [illegible]

J. G. Deuel M. D.
Medical Attendant.

Address, 1727 E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jannie Bates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 424 N. Central Ave.

Cause of Death, First (Primary,) Dropsy of Lungs

Second (Immediate,) Acute Heart

Duration of Last Sickness, About 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 27th 1886

A. G. Watson M. D.
Medical Attendant.

Undertaker, Henry W. Means

Place of Business, # 413 E. Fayette St Address 1301 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 96307 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 26 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Carroll

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Selling

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 102 Chestnut Street

Cause of Death, First (Primary), Intemperance

Second (Immediate), Apoplexy

Duration of Last Sickness, 1 Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Shamp st Cemetery

Date of Burial, Nov 26 1886

Undertaker, William N Dinges

Place of Business, 62 East St

Henry Rusch M. D.
Medical Attendant.

Address, 171 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96308 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lucie Cracmer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 289 E. Lombard C. Ave

Cause of Death, First (Primary), Typhus abdominalis

Second (Immediate), Ruptura intestini

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy redeemer cem

Date of Burial, Nov 27th 1886

Undertaker, W Bleikamp & Co

Place of Business, 153 E. Lombard *Address,* 153 E Baltimore

J Mettler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 96309 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 27 1886
BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Geo. & Ellen Williamson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 109 Hopkins Place Baltimore

Duration of Residence in the City of Baltimore, 10 Days

Place of Death, {Give Streot and Number.} 109 Hopkins Place

Cause of Death, First (Primary), Premature Birth

Second (Immediate), " "

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 27/1886

Undertaker, J. C. Cook

Place of Business, 1003 W Baltimore

T. Chew Worthington M. D.
Medical Attendant.

Address, 840 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9310 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Ash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Waitress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} St Joseph Hospital

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 26 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 101 N Monroe

E. Hall Rutledge M. D. Attending Physician. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 27 1886 BALTIMORE MD.

Permit No. 96311 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother: Ella Coffman, Father,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male,

Age, — *Years,* — *Months,* 1 *Days.*

Color, — Colored —

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single. ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite 113 & 115 W. Lombard St.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give Street and Number.} 113 & 115 W. Lombard St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Asthenia,

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Maternite

Date of Burial,

Undertaker, Returned for

Place of Business, Maternite *Address,* 113 & 115 W. Lombard St

L. F. Rinkaim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 96312 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT NOV 27 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Gettier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* 7 *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 1418 Argyle Ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 28/86

Undertaker, Deitrich Wigand

Place of Business, 1006 Druid Hill Ave *Address,* (Cave) Engine Co

James A Clemens M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96313 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hutson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 274 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Bright's Disease

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Phila Rd M. E. Cemetery

Date of Burial, Nov 27th 1884

Undertaker, M. A. Daiger & Co

Place of Business, 74 S. Broadway *Address,* Town

James A Clements M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

James A Clements Surgeon

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 16314

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C Kirby Maggie Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3/4 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~196~~ 196 Penna ave. Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 196 Penna ave.

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 27 1886

Undertaker, Wm Blizzard

Place of Business, Penna Ave & Wolfe St

James Bacon M. D.

Medical Attendant.

Address, Assistant Lafayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96315 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Oehring

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, About 42 *Years,* — *Months,* *Days*

Color, White,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Groceries

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, About 20 years.

Place of Death, {Give Street and Number.} In. 1808 Hanford ave

Cause of Death, First (Primary), Pregnancy. —

Second (Immediate), Hemorrhage from Bursting of Varix case with in Leg.

Duration of Last Sickness, about half hour.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Nov 28. 1886.

Undertaker, Wm H. Hickmans

Place of Business, 2340 N. Gay *Address,* 1741 Hanford ave

Aug. C. Elwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96316

Office of Registrar of Vital Statistics.

Ward 18a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BRIGHTWOOD PARK NOV 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 705. Scott St

Cause of Death, First (Primary), —

Second (Immediate), Acute. Morbi Brightii

Duration of Last Sickness, 6. Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem on Phila. Road

Date of Burial, Nov 29" 1886

Undertaker, Wm J. Tickner

Place of Business, 221 S. Eutaw St

Jno D Blake M. D.

Medical Attendant.

Address, 602 W Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96317 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Mayerson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 195 N. Gay St.

Cause of Death, First (Primary), Inflammation of lungs

Second (Immediate), asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Irish Association

Date of Burial, Nov 28th 1886

Undertaker, D Sondheim

Place of Business, 120 N. Greene

Jno. S. Lynch M. D.
Medical Attendant.

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96318 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs B. Lauttmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 7 N. West

Cause of Death, First (Primary), Pulmonary Disease of the Heart —

Second (Immediate), —

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ronnie Brae Cemetery

Date of Burial, Nov 28th/86

Undertaker, David Flynn

Place of Business, 109 West 4th

Edward Muehlemann M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of This

Health Department, City of Baltimore.

Permit No. 96319 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Trefs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 57 Perry St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), —

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 28th 1886

Undertaker, Ernst Schlosman

Place of Business, 181 Sharp *Address,* 701 S. Sharp St

Wm Gombert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96320 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Brown

Sex, Male or Female, {Cross out the word not required in this line.} Fem

Age, ... *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1739 Chew St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 28

Undertaker, G Schmidt

Place of Business, 263 E Eager St

Jno Brennan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96321 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27

a

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Ann.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 Washington ave

Cause of Death, First (Primary), D. of Throat

Second (Immediate),

Duration of Last Sickness, four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 28

Undertaker, B. Healy

Place of Business, 82 West St

D. of Throat M. D.

Medical Attendant.

Address, 38 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Green

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 482 Lombard St

Cause of Death {First, (Primary,) Typhoid Fever

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Arlington Balto Co

Date of Burial, Nov. 28/86.

Undertaker, J. B. Cook

Place of Business, 1603 N. Balto St.

J. S. Fuller, M. D.
Medical Attendant.

Address, S.E. Cor. Edmondson Ave & Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96323 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wilmer Burke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, about 1 year

Place of Death, {Give Street and Number.} 404 (old) Greenmount Ave

Cause of Death, First (Primary), Obstruction of the bowels

Second (Immediate), —

Duration of Last Sickness, Accident took place during convalescence from typhoid fever.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 30th

Undertaker, Geo Schilling

Place of Business, 7th and Eye

D W C Athey M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of D[illegible] Back of this Certificate.

Health Department, City of Balt[illegible]ore.

Permit No. 96324 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 26 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Mills

Sex, Male or Female, {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT NOV 29 1886 BALTIMORE

Age, 27 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washer & Ironer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va V

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 706 N. Spring St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1886

Undertaker, J J Locke

Place of Business, 73 Jefferson St *Address,* 728 N. B'way

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96323 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, November 27 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Bosley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1510 Boulden alley

Cause of Death, First (Primary), Cancer of the Rectum

Second (Immediate), General Debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, Nov 29th 1886

Undertaker, Alex Kennedy

Place of Business, 416 Orchard

C. Faucett M. D.
Medical Attendant.

Address, 550 Mosher St

HEALTH DEPARTMENT NOV 29 1886 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96326 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fary

Sex, Male or Female, {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT NOV 29 1886 BALTIMORE MD.

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 Biddle alley

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Shall's St

Date of Burial, Nov 28th 1886

Undertaker, Alex Hunsley

Place of Business, 116 Richard St

Gray Smith M. D., Medical Attendant.

Address, 88 N Gorman st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 96327 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry August Kindroff

HEALTH DEPARTMENT NOV 29 1886 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

V

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper Germany

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~S. W. Cor Payson & McHenry Sts~~

Duration of Residence in the City of Baltimore, 5½ years

Place of Death, {Give Street and Number.} S. W. Corn Payson & McHenry Sts

Cause of Death, { First (Primary), Suicide by taking "Poison" Rough on Rats

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, December 28th 1886

{ *Undertaker,* Jabez A. Pauley

Place of Business, 66 Third Ave. *Address,*

D. G. Sparrow M. D.

Medical ~~Attendant~~.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96328 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1886 BALTIMORE

Date of Death, Nov 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Cummins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} McElderry St and Duncan Alley. S.E. Cor

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, Nov 29 1886

Undertaker, Jas O Byrne

Place of Business, N.W. 302 N Gay

Milton N. Taylor **M. D.**
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96329 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1886 BALTIMORE

Date of Death, Nov 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Mitchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days*

Color, C

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Labored

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's County Md.

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give Street and Number.} 924 Penn William Court.

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, Confined about 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Novemb 28 1886

Undertaker, Masden & Page

Place of Business, 16 & Mulberry St

Chas. S. Lee, M. D.
Medical Attendant.

Address, 212 W. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76380 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1886 BALTIMORE.

Date of Death, Nov 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rawlings Mc

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 37 Wheatcroft St

Cause of Death, First (Primary), Dept Stomach

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 29/86

Undertaker, Armstrong & Deaver

Place of Business, *Address,* 280 W Pratt

J K Warren M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

Permit No. 96331 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT NOV 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos N. Norwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 2 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Manager

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 2 or 3 days

Place of Death, {Give street and Number.} 213 Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md

Date of Burial, Nov 29th 1886

Undertaker Armstrong & Denny

Place of Business, 263 Light St *Address,* [illegible]

Geo. H. Rohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4836

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96332 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} ~~36~~ 28 Jno. alley

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1896

Undertaker, William A Dugee

Place of Business, 62 East st

J. H. Robinson M. D.
Medical Attendant.

Address, 27 Prentiss Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16333 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1905 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1905

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude L. Powers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 236 E Eastern Av

Cause of Death, First (Primary), Intestinal Hemorrhage

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, November 20

Undertaker, W L Schaefer

Place of Business, 572 Bond *Address,* 4 N Bond

Geo L Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1st ward

Date of Death, November 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Gibson Lumpkin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty eight *Years,* four *Months,* *Days.*

Color, White *Sex,* male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex County Va.

Duration of Residence in the City of Baltimore, about twelve years.

Place of Death, {Give street and number.} 161 Elliott St. Canton

Cause of Death, First (Primary,) Typho Malarial fever.
Second (Immediate,) Acute Mania.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Int-Carroll

Date of Burial, Nov-29/86

Undertaker, Wm S Fry

Place of Business, 71 W Baltimore

W R. Hay M. D.
Medical Attendant.

Address 414 S Patterson Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Coroner

Health Department, City of Baltimore.

Permit No. 96335 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 29 1886

CERTIFICATE OF DEATH.

Date of Death, Nov. 28. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob M. Sumwalt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* 6 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Expressman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 27 Pinkney Place

Cause of Death, First (Primary), Railroad injury. (Fracture of 4th rib on right side, both clavicles & contusion of kidney (?))

Second (Immediate), Hemorrhage from lungs.

Duration of Last Sickness, Five days.

All the above information should be furnished by the ~~Physician.~~

Place of Burial, Ballo Cemetery

Date of Burial, Nov. 30th 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw

George H. Rohé M. D.
Medical Attendant.

Address, 611 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 96336 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Woods

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 323 Park ave

Cause of Death, First (Primary), Softening of Brain

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 29th 1886

Undertaker, Wm Weaver & Co

Place of Business, 202 N Eutaw

H Mitchell M. D.
Medical Attendant.

Address, 1008 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96337 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida P. Mercer's daughter

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1413 E. Preston St.

Cause of Death, First (Primary), Pneumonia Birth (6 mo)

Second (Immediate), ...

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29th 1886

Undertaker, G. C. Mercer

Place of Business, 1413 E. Preston *Address,* do 1206 E. Preston St

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96338 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old # 79 Thames St

Cause of Death, First (Primary), ...

Second (Immediate), Trismus Nascentium

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, N. Olivenas Limits

Date of Burial, Novemb 29. 86

Undertaker, Fels Hershowitz

Place of Business, 258 Ols Ave

John H. Rehberger M. D.
Medical Attendant.

Address, #243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96339 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE
NOV 29 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Kirby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 128 Fort ave

Cause of Death, First (Primary), Marasmus ✓

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th 1886

Undertaker, Bernard Hasle

Place of Business, 82 West 28th

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9634 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 29 1886
BALTIMORE

74

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Maria Wright

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland - 40 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Strangulated femoral Hernia

Second (Immediate), Exhaustion

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov. 30/86

Undertaker, [illegible]

Place of Business, [illegible]

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90341

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96341 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, November 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Baughman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 54 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anna Arundel county Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 329 north Schroeder

Cause of Death, First (Primary), Cold.

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laudler Park Cemetery

Date of Burial, Nov 30/86

Undertaker, P. B. Cook

Place of Business, 1003 W. Baltimore *Address,* 279 west Fayette

S. P. Hoffman M. D.
Medical Attendant.
or number

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96342 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Frederick Anderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 141 West St

Cause of Death, First (Primary), ____

Second (Immediate), Gastro-Enteritis

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Nov 29

Undertaker, B. Shark

Place of Business, 81 Mt St

Robert S. Rowe M. D.
Medical Attendant.

Address, (1019) 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96343 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
DEC 29 1 18
REGISTRAR

Date of Death, December 27th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denis Ferguson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 57 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 107 Fort av

Cause of Death, First (Primary), Congestion of Brain & Effusion

Second (Immediate), Paralysis

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, December 30

Undertaker, B. Mark

Place of Business, 82 West St

O. A. Cook M. D.
Medical Attendant.

Address, 107 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96344 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BD. OF HEALTH NOV 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wilson - 3
Ella C. Wilson 3 Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — ~~Years,~~ ~~Months,~~ 12 hours ~~Days.~~

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 932 Lafayette Ave Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} do do

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 29/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

Geo H Cate M. D.
Medical Attendant.

Address 1 Mount Vernon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96345 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Humphrys Reeves

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give Street and Number.} 26 McCulloch St. (Old Number)

Cause of Death, First (Primary), Gradual exhaustion & vital forces.

Second (Immediate), Asthenic Pneumonia

Duration of Last Sickness, Invalid for 2 years Last attack commenced 10 days this.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 29/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

Geo. G. Lee M. D.
Medical Attendant.

Address, 75 E Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96346 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. McIlhenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months,* 24 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 464 N. Mount

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy

Date of Burial, Nov 30th 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 326 N. Mount St

Edward H London M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76347 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 245 N. Durham St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 30 1886

Undertaker, Alley Hennesby

Place of Business, 116 Orchard St *Address,* 1201 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96348 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 BALTIMORE MD.

CERTIFICATE OF DEATH

D

Date of Death, Nov 22th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicola Witzalbergen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give Street and Number.} Madison & Chester Sts

Cause of Death, First (Primary), Frettled mind

Second (Immediate), exhaustion

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30th

Undertaker, Geo Schilling

Place of Business, Ashland Square

To Milton T. Taylor M. D.
Medical Attendant.

Address. 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96349 *Office of Registrar of Vital Statistics.* Ward 14

REGISTERED NOV 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Philbin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Teacher.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 49 Eden St N.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Confined to bed a week & 2d.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 30th 1886

Undertaker, Wm. Coleman & Co

Place of Business, [illegible] *Address,* 03 Eden St.

E. J. Mc. Cann, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96350 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, November 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hebler

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* 4 *Months,* 16 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 83 Stiles St,

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 30 86

Undertaker, Jas. L. Byrne

Place of Business, Gay Stop 7 Front *Address,* 41 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 96351 Office of Registrar of Vital Statistics, Received 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Walter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 4 Woodyear St

Duration of Residence in the City of Baltimore, Sefe time

Place of Death, {Give street and Number.} No 4 Woodyear St

Cause of Death,
First (Primary), Convulsions
Second (Immediate),

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Nov 29 1886

Undertaker Andrew Rohde

Place of Business, 48 Penna Ave

B. F. Herman M. D.
Medical Attendant.

Address, 1924 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause, and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76352 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mack

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 202 Fulton St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1½ Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov. 29th 1886

Undertaker, Sam'l W. Chase

Place of Business, 641 S. Howard St

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96353 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Maggie Johnston

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, —— *Years,* —— *Months,* / *Days*

Colored /

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 5 Russell alley

Cause of Death, First (Primary), ——

Second (Immediate), Pneumonia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery

Date of Burial, Mar 30 1886

Undertaker, William Brown

Place of Business, 150 Lost

C M K Barnes M. D.
Medical Attendant.

Address, 280 N Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96352 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sims

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Rose Court

Cause of Death, First (Primary), Diphtheria

Second (~~Immediate~~), Septicemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, Nov 29 1886

Undertaker, Wilson & Dinges

Place of Business, 150 E Saratoga St

J H Rohrer M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96355 *Office of Registrar of Vital Statistics.* 15 9

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Grunnel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 191 S. Shark St

Cause of Death, First (Primary), ——

Second (Immediate), Spasms.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29th 1886

Undertaker, E. Schlosman

Place of Business, 623 S. Sharp St

F. J. Flannery M. D.

~~Medical Attendant.~~ Coroner

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96356 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F. Leyhtner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 122 W. Hoffman St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Md

Date of Burial, Nov 29th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

J. H. Robertson M. D.
Medical Attendant.

Address, 175 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96357 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dixon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days.*

Color, c d

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 1602 Ettings Alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Cancer of Uterus

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 29/86

Undertaker, Alex Hendley

Place of Business, Orchard St

James A Steuart M. D.
Medical Attendant.

Address, Eutaw & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96358 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nicholas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 31 St Marys Ex

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29th 1886

Undertaker, W. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave *Address,* 1887 Baddle

J. A. Gillis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96359

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE, MD. NOV 29 1886

Date of Death, Nov 28th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Henry Diefendorf (Robert H. Diefendorf)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... Years, 4 Months, ... Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Parents John Canal Boatmen

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland. Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 97 Bostwick St. Ward 1 on Canal Boat

Cause of Death, First, (Primary,) Convulsions D. to Teething

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Nov. 29th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts

E. McDonnell M. D.,
Medical Attendant.

Address, Hillsboro

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96360 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT NOV 29 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Nov 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Sleboda

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 138 Hare Street

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, St Ag. Roman Cath.

Date of Burial, Nov 29 86

Undertaker, Felix Burkowitz

Place of Business, 258 W. Balto

James A Steuart M. D.
Medical Attendant.

Address, Camp & B & P

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A Claget Inspector

Health Department, City of Baltimore.

Permit No. 9696 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine R. Blizzard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. md

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give Street and Number.} 1336 Fulton ave

Cause of Death, First (Primary), Disease of the Spine

Second (Immediate), General Debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Nov 30

Undertaker, C. W. Lizard

Place of Business, 1139 Penn ave

C. Fawcett M. D.
Medical Attendant.

Address, 550 Mosher st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4437 Frankl

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96362 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29

B

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ryan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 204 Clifton Place

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 29th

Undertaker, H. C. Windefelder

Place of Business, 100 Greenmount Ave *Address,* 171 N Calvert St

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96363 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Neuendorff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 123 Mosher St.

Cause of Death, First (Primary), Lobular Pneumonia & Phthisis

Second (Immediate), Debility

Duration of Last Sickness, All her life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home

Date of Burial, Nov 30 the

Undertaker, Andrew Rohde

Place of Business, 45 Penna Ave

J. R. Uhler M. D.
Medical Attendant.

Address, 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96364 *Office of Registrar of Vital Statistics.* Ward 8th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

REGISTRAR'S OFFICE NOV 30 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ~~Nov~~ Ellen Fletcher Nov. 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Fletcher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 50 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 939 N Howard st.

Cause of Death, First, (Primary,) Softening of the brain

Second, (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial. Dec 1st 1886

W. D. Booker M. D.,
Medical Attendant.

Undertaker, Alex Hemsley

Place of Business, 561 Orchard *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi... is invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26365 *Office of Registrar of Vital Statistics* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov "28" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina Ada David Parkes. Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ *Months,* 5 Minutes ~~Days~~.

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 233. Dover St.

Cause of Death, {First (Primary),} {Second (Immediate),} Premature Birth (8 Months)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 30" 1886

Undertaker, Wm Dunges

Place of Business, East St

Jas. A. Steuart M. D.

Comm'r of Health or Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunding Inspector

Health Department, City of Baltimore.

Permit No. 96366

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. K. Winder M.D

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Congestion of liver (Catarrhal jaundice)

Second (Immediate), Coma

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Nov 30/1886

Undertaker, Jos F. Byrne

Place of Business, 213 N Liberty St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Signature of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96367 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genetta E. Butler

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Virginia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 21 Russell St.

Cause of Death, First (Primary),

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Dec 1st 1886

Undertaker, John S. Mackey

Place of Business, No 150 Camden

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4438 Russell

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96368 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, November 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Weing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farm Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} Christ St dr 209

Cause of Death, First (Primary), Bronchitis Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1886

Undertaker, William A Pope

Place of Business, 62 East St

J E Lorsch M. D.
Medical Attendant.

Address, Virginia Ave & Gaither

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96369 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 28.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kenzie Cole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months.* — *Days*

Color, col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, H.W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmon Co. Va

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give Street and Number.} 6. Chestnut St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, Unknown. I saw her only the evening of her death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1898

Undertaker, William A. Lee

Place of Business, 62 East St

Clifford Whitehead Mabry M. D.
Medical Attendant.

Address, 125 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96370 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie A. Gray

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 88. N Durham St.

Cause of Death, First (Primary), Pneumonitis (Catarrhal)

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Asby Cem.

Date of Burial, Dec 1 1886

Undertaker, J W Jackson

Place of Business, 29 N Eden

F. W. Ehrenberg. *M. D.*
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9637 1/ *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 18 [illegible]

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Michael

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Abt 47 *Years,* — *Months,* — *Days*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, Five Yrs

Place of Death, {Give Street and Number.} 375 Vincent Alley

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 1st 1896

Undertaker, Geo. H. Close

Place of Business, 198 S. Broad St

Wm. J. Campbell M. D.
Medical Attendant.

or

Address, Freeman & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96372 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, November 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} No 65 Carlton Street

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Harley Station Howard Co.

Date of Burial, December 1st 1883 B. S. Dilcomb, M. D.

Undertaker, Denny & Mitchell Medical Attendant.

Place of Business, 550 W Fayette St *Address,* 836 W. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4439 Transit

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96373 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1886 - 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dinn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Messenger boy -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ballo. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Sulpice Seminary N. Paca St.

Cause of Death, First (Primary), Sliding down banisters -

Second (Immediate), Fracture at base of skull - Compression of brain

Duration of Last Sickness, 5½ hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Yard

Date of Burial, Wed Dec 1st 1886

Undertaker, Hew Estlin & Sons

Place of Business, Pratt St Garage *Address,* 4 Franklin St.

Chas. Dan Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9637 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
NOV 30 1886
REGISTRAR OF VITAL STATISTICS

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mina Louenberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years.

Place of Death, {Give Street and Number.} Cor Fremont & Pennsylvania Ave

Cause of Death, First (Primary), acute Melancholia

Second (Immediate), Exhaustion Super. Senua

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, Nov 30

Undertaker, Lucie Stevens

Place of Business, 448 W. Baltimore St *Address,* 445 W Fayette St

H. Revell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16375 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 623 S Regester

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 30th 1886

Undertaker, H. McGinnis

Place of Business, Central Av *Address,* Town & C

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A. Clayed Inspector

Board of Health, City of Baltimore, 1886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96376

The Physician who attended any person in a last illness is responsible for the prompt filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1886

CERTIFICATE OF DEATH.

Date of Death, November 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lane

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} No. 8 Cubb Street

Cause of Death, First, (Primary,) Remittent Fever.

Second, (Immediate,) Remittent Fever.

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Tue. Dec. 1st '86

Undertaker, M. A. Dugan Atty

Place of Business, 74 S. Bury

David J. Reinhart M. D.
Medical Attendant.

Address, 1111 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Health Department, City of Baltimore.

Permit No. 9677 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 24, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give Street and Number.} 97 Greenmount ave.

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Wordsworth Balto Co

Date of Burial, Nov 25 86

Undertaker, J. E. Winfield

Place of Business, Greenmount Av *Address,*

Chas. H. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96378 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Nov 29-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bauks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1309 Presidents St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 weeks - only saw him twice

All the above information should be furnished by the Physician.

Place of Burial, Sharps at County

Date of Burial, Dec 1 1886

J. W. Clark M. D.
Medical Attendant.

Undertaker, Wilson & Dugan

Place of Business, 62 East St *Address,* Balto - Gen Delivery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96379 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Stanton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 215 N Vincent Alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Thompson County

Date of Burial, Dec 1 1886

Undertaker, Wm A' Enger James Bosley M. D.
Medical Attendant.

Place of Business, 62 East Pratt *Address,* 319 Hallum

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Registrars is respectfully invited to the Rules and Forms printed on the back of this form.

Health Department, City of Baltimore.

Permit No. 96380 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1886 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, November 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving La Fayette Payne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, School-boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 937 N. Wolf St.

Cause of Death, First (Primary), Exposure

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 2nd

Undertaker, W. H. Hudson

Place of Business, Gay St

J. B. Schwatka M. D.
Medical Attendant.

Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9638

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 28th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Agnes Holly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co, Md. Woodstock

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} 22 Eutaw Court

Cause of Death, { First (Primary), Capillary Bronchitis
Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Howard County Md

Date of Burial, Dec 1st 1886

{ *Undertaker,* Alex Hussey
{ *Place of Business,* 116 Orchard St

Felix S. Jenkins Jr. M. D.
Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4440

Health Department, City of Baltimore.

Permit No. 96387 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Nov 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David H. Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months.* —— *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar tender.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 15 Wyoming St

Cause of Death, First (Primary), Supposed to be Cancer of the Liver - complaining all summer - attended by Dr. Barker -

Second (Immediate), Unknown.

Duration of Last Sickness, Sick abed for about 16 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st 1886

Undertaker, Wm. J. Gray

Place of Business, 110 Mulberry St

F. J. Flannery *Coroner* M. D.

Medical Attendant.

Address, 1701 Dr. Hill Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96383

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MORGUE

B

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mudniaky (a)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* —— *Months,* —— *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give Street and Number.} Found dead upon a vacant lot on Washington St near McElderry St

Cause of Death, First (Primary), Suicided by taking Rough & Ruds

Second (Immediate), A preparation supposed to Contain Arsenic.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 1st 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office

F. J. Flannery Coroner M. D.

~~Medical Attendant~~

Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96384 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1900 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 30 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris D. Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* 2 2 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 404 E. Patterson Park and Boundaries

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Spasm

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, December 1st

Undertaker, W L Apfel

Place of Business, 707 S Bond *Address,* 404 E Pat

L. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96385 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th, 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. O'Connell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 99 S. Castle St

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give Street and Number.} Same 99 S. Castle

Cause of Death, First (Primary), Natural Causes

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 2 - 1896

Undertaker, M. Schaefer & Son

Place of Business, 72 S. Ca *Address,* 24 Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96386 *Office of Registrar of Vital Statistics.* Ward 3d

HEALTH DEPARTMENT
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evva Krysock

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 195 S Dallas St

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 1st 1886

Undertaker, Felix Brozkowski

Place of Business, 258 Aisquith *Address,* Same

Samuel M. Shepherd M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Samuel McSherry Inspector

Health Department, City of Baltimore.

Permit No. 96387 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Nov 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Agnes Wayne

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 525 Paterson Park ave

Cause of Death, First (Primary), ——

Second (Immediate), Spasms -

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st 1886

Undertaker, P. W. Maddin

Place of Business, 46 East Pr

F. J. Flannery *M. D.*
Medical Attendant.

Coroner

Address 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96388 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Eltonhead

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 359 Hollins en

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, Pw RR 4 years

All the above information should be furnished by the Physician.

Place of Burial, Abingdon Harford Co

Date of Burial, December 1

Undertaker, J B Ecob

Place of Business, 1003 W Balto *Address,* 359 Hollins en

Jas Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H H H Frankit

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96389 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REC'D DEC 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian F. Lange

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 54 *Years,* 3. *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cabinet maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (34 years)

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} Ht 36 N. Dallas st

Cause of Death, First (Primary), Progressive Locomotor Ataxia

Second (Immediate), Cachexia (from Spinal Paralysis)

Duration of Last Sickness, About four years

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Lem

Date of Burial, 1st Dec 1882

Undertaker, Henry Seaman

Place of Business, 23 N. Eden

L Adrian M. D.
Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 96390 *Office of Registrar of Vital Statistics.* Ward 4/11

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarethe Emmel

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 79 ~~Months~~ Years, 1 Months, Days.

Color, white

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 734 N. Castle ave.

Cause of Death. First (Primary), Carcinoma stomach

Second (Immediate),

Duration of Last Sickness, ab. 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Dec. 2nd Dec 86

C Hoffman M. D.
Medical Attendant.

Undertaker Henry Hofmann

Place of Business 23 N. Eden St Address, Cor. Aisquith & Chew.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9639 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 29 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Grace Buffington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* 21 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 102 So. Washington

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec 2nd '86

Undertaker, M. A. Dayer Atty

Place of Business, 74 S. Bury

Geo. L. Winters M. D.
Medical Attendant.

Address, 419 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96394 — *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucilla

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Dec 2 1886

Undertaker, John Masterson

Place of Business, Division St

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96393 *Office of Registrar of Vital Statistics* 57

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Geuder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Life Time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 15 Orleans Street

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Marasmus

Duration of Last Sickness, Two Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, Dec 2 1886

Wm H. Glendine M. D.
Medical Attendant.

Undertaker, Henry McGinn

Place of Business, No 8 centre *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96394 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Reese

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 78 *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 811 Bethel Court

Cause of Death, First (Primary), Intermittent Fever

Second (Immediate), Heart Failure

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 1st 1886 R. S. Gardner M. D.

Medical Attendant.

Undertaker, Phillip Kennedy

Place of Business, 561 Orchard *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96395 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 1. st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ebenhock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Laborer. —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 5 years. —

Place of Death, {Give Street and Number.} new no 410. S. Madeira Alley.

Cause of Death, First (Primary), Dropsy of Abdomen

Second (Immediate), Heart Affection.

Duration of Last Sickness, 10 weeks —

All the above information should be furnished by the Physician.

Place of Burial, the German Catholic Cemetery

Date of Burial, Decbr. 2th 1886

Undertaker, Wm. Nicolaus

Place of Business, 249 Alice Ann.

A. V. Gosweiler M. D.
Medical Attendant.

Address, 96 South Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96396 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. 1886

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Harmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Killed by B & O Engine No 177 at Locust Point

Cause of Death, First (Primary), Injuries received by being struck by the engine

Second (Immediate), shock.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery E. Baltimore St

Date of Burial, Dec 2d 1886

Undertaker, John D. Thacker

Place of Business, No 150 Saratoga

F. J. Flannery M. D.
Medical Attendant.
Coroner.

Address. 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96397 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 1 1886
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret C Stuart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Port Deposit

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give Street and Number.} 344 Preston St

Cause of Death, First (Primary), Locomotor Ataxy

Second (Immediate), Probably abscess of the Kidney

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, DEC 2nd 1886

Undertaker's Denny & Mitchell

Place of Business, 536 W. Fayette St *Address,* Cor Madison ave & Preston st

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4442 Lanvale

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96398 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1886

B

CERTIFICATE OF DEATH.

Date of Death, November 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Christine Elizabeth Grothaus,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Stemmer, Prussia, Germany.

Duration of Residence in the City of Baltimore, Thirty One Years

Place of Death, {Give Street and Number.} 267 S. Broadway Corner

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Decbr 2th 1886

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St *Address,* 267 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96399 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. F. McAnally

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 9 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Bookbinder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} N. W. Cor. Balto & Front Sts.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 2nd '86

Undertaker, H Carrigan

Place of Business, 127 Lombard

P. S. Donaghue M. D.
Medical Attendant.

Address, 1727 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96400 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 30, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gallagher

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 641 Cross St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 2nd 1886.

Undertaker, Daniel Lynn

Place of Business, 109 West H. *Address,* 101 Race St.

H. H. Weber M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96401 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1896 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 30/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Troy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* —— *Months.* —— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 Year 6 mos

Place of Death, {Give Street and Number.} 1007 Hoffman st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 2nd 1896

Undertaker, Henry Keck

Place of Business, 207 N Eutaw st

T. O'Connor *M. D.*

Medical Attendant.

Address, 93 Valley st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96402 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bilk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} ~~Marasmus~~ 1445 Stricker St

Cause of Death, First (Primary), ~~Exhaustion~~ Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 1st 1886

Undertaker, F. Lewis Schaefer

Place of Business, N. Fremont St. *Address,* 1201 Dr. Hill Ave

F. J. Flannery M. D.
Coroner
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

See following cert.

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9640 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Gilch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 1445 Fulton St.

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), "

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 1st 1886

Undertaker, F. Lewis Rehafer

Place of Business, 109 N Fremont *Address,* 1126 W. Fulton

C. C. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96403 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fink

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Varnish Dr

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Berlin Ger

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 70 Eastern Ave

Cause of Death, { First (Primary), old
Second (Immediate), Pthisis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 2nd 86

Undertaker, G. France

Place of Business, Dant & Wolfe Address. 25

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96404 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Cullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 89 green mt ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmon

Duration of Last Sickness, 2 mo yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2/86

Undertaker, H C Wiedefield's

Place of Business, 100 W Mt ave

J H Patterson M. D.
Medical Attendant.

Address, 19 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96405

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Corbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, Days

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give Street and Number.} 516 Morris alley

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaft st cemetery

Date of Burial, Dec 2 1886

Undertaker, William Wenger

Place of Business, 1[illegible] Eutaw

J. M. Steadler M. D.
Medical Attendant.

Address, 1602 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16406 *Office of Registrar of Vital Statistics* Ward 15-1C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Nov. 30 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Fall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~M~~ F

Age, 36 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 - 3yrs.

Place of Death, {Give Street and Number.} 248 Montgomery.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 1 3yrs.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Dec 2/1886

Undertaker, Armistead & Dorsey

Place of Business, 963 Light

R. H. Ellis M. D.
Medical Attendant.

Address, Light & Hamburg

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4443 Transit

The Physician is respectfully invited to fill the blanks below, and to use of Directions on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96417 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1896

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 9 N Exeter St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Fatty Degeneration of Heart

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 3rd 1896

Undertaker, Armstrong & Co

Place of Business, 963 Light

Edmund Lowe M. D.
Medical Attendant.

Address, 146 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96408 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ola Earls

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 14 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 225 Ivy Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 2d/86

Undertaker, Wm A Dunger

Place of Business, East St. *Address,* Camden & C

James A Steuart M. D.
~~Assistant Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M. McRoberts Asst Inspector

Health Department, City of Baltimore.

Permit No. 96409

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo F. Carey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——Years, ——Months, 24 hours ——Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 463 1/2 Saratoga

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, The infant lived about 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Seminary attended at birth by

Date of Burial, December 2nd / 86. Mid wife

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 543 Lexington St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4444 Crane

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16410 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert D. Caughey

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 16 Garden St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 3d 1886

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,*

Chas A Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96411 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1886 INCORPORATED

CERTIFICATE OF DEATH.

Date of Death, 12/1/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie F. Darling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 2 mo.

Place of Death, {Give Street and Number.} 1634 Eutaw St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 3 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,* Franklin & Greene

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96412 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dreslich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 11 *Months,* 7 *Days.*

Color, Colich

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bremany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 10 Barclay St

Cause of Death, First (Primary), Acute Pulmonary Congestion

Second (Immediate), Asphyxia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 13th 1886

Undertaker, J Frank Wilson

Place of Business, 410 E Fayette St

Coroner M. D.

Medical Attendant.

Address, Cor Caroline & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96413 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stewark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 45 or 50 *Years,* —— *Months,* —— *Days.*

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Perry St -

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Syncope.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Funeral Center

Date of Burial, Dec 2d 1886

Undertaker, [illegible] F. J. Flannery *M. D.*

Place of Business, 359 W. Pratt Medical Attendant. *Address,* Coroner 1701 D. Hillsave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96414 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 3 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2 Sleuth & Maund Sts

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 3 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St *Address,* 151 Hanover St

L. C. Bruch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96415 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, December 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie W Heise

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~4~~ *Years,* 5 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 59 N Caroline

Cause of Death, First (Primary), Organic Disease of Heart

Second (Immediate), Anasarca (Dropsy)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mayer's Cemetery Loop Road

Date of Burial, Dec 3 1886

Undertaker, John Tuke agt

Place of Business, 201 E Balto St

J Ridgway Andrae M. D.
Medical Attendant.

Address, 121 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9641 6 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec "2" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ma. Quotamo. McClaw Damato

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ~~~~ *Years,* ~~~~ *Months,* 1/6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 Ridgeley St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 2" 1886

Undertaker, Wm J. Tiekner

Place of Business,

James A Steuart M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Dunning Inspector

Health Department, City of Baltimore.

Permit No. 26417 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orville & Rosa Price 3rd Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 26 Mason Al

Cause of Death, First (Primary), Premature birth

Second (Immediate), Mo Child

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 86

Undertaker, Saml H Shaw

Place of Business, 641 S Howard St *Address,*

G. A. Fleming M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96418 *Office of Registrar of Vital Statistics.* Ward 15-W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 29 of november 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tyson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, A Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} in The County Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} No 1,409 Hill st Baltimore City

Cause of Death, First (Primary), Inflammation of the Kidneys

Second (Immediate), Nephritis

Duration of Last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1886

Undertaker, Jno H Chase

Place of Business, 671 S Howard st

P W Smith M. D.
Medical Attendant.

Address, No 36 Davis st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96419

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Fullerton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, white

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 618 N Fayette St.

Cause of Death, First (Primary), Paralysis Heart,

Second (Immediate),

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 3rd 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

H. H. Miller, M. D.
Medical Attendant.

Address, 639 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96420 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1886

CERTIFICATE OF DEATH.

Date of Death, November 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theophilus H. Gladmon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gauger in Internal Revenue Department

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} N. Mount St # 271 old No

Cause of Death, First (Primary), Hemiplegia from previous attack

Second (Immediate), Effusion upon the brain

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D.C.

Date of Burial, Dec 3rd 1886

Undertaker, Stewart & Merwen

Place of Business, 35 Park ave

D L Sparrow M. D.
Medical Attendant.

Address, #279 N. Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4445 Transit

[over.]

Health Department, City of Baltimore.

Permit No. 96421 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. McLeod

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 705 N. Howard St.

Cause of Death, First (Primary), Removal of Hemoroids Cyst

Second (Immediate), Cardiac Asthenia —

Duration of Last Sickness, (Several Months) Immediate 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 3rd 1886

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St.

Chas. H. Riley M. D.
Medical Attendant.

Address, 1113 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96422 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1886

CERTIFICATE OF DEATH.

a

Date of Death, Dec 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Misa

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ~~70~~ 2 *Months,* 13 *Days*

Color, White

Married, Single, ~~Widow or Widower~~ WIDOW, {Cross out the words not required in this line.} Widow

Occupation, Market Woman in former years

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 36 Stemmers Alley near Fawn St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, Ailing for several Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dec 2nd 1886

Undertaker, Peter Frey

Place of Business, 91 Eden Alley

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96423 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Casey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 84 or 1010 Hillen St.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Paralysis

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 3. 1886

Undertaker, Wm H Hickman

Place of Business, 231 N. Hay. *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96424 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Opie Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Business Manager

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give Street and Number.} 428 N. Exeter

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Dec 3 1886

Undertaker, Jas P Byrne

Place of Business, 302 W Gay

D Steele M. D.
Medical Attendant.

Address, 4032 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96425 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman George Friedrich Schenck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..... S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 1913 Eastern Ave.

Cause of Death, First (Primary), Drowning

Second (Immediate), ...

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Dec 3d.

Undertaker, Wm. Nicolau

Place of Business, 342 Aliceanna

Jno H Smith M. D.
Medical Attendant.

Address, 809 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96426 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loeb Lepinski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 92 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia 15 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden & Synagogue Cem.

Date of Burial, Dec. 3rd 1886.

Undertaker, Joseph D Sondheim

Place of Business, 120 N. Greene st. *Address,* 88 N Eutaw St

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96427 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, George December 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hutzberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 1581 Monroe St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 4 1886

Undertaker, Bernard Harbes

Place of Business, # 82 ~~West~~ *Address,* 104 Fort Ave

R. A. Corke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96428. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec "2" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Berry.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female.

Age, ~~~~ *Years,* ~~~~ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1829 Aliceanna Place.

Cause of Death, First (Primary), Spasmodic Croup (7 hrs)

Second (Immediate), Convulsions

Duration of Last Sickness, Few Hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec "3" 1886

Undertaker, C. F. Krauseton

Place of Business, Hanover St

James Kemp M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunday = Inspector

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96429 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wilhelmina Vilkens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} # 7 Cambridge Av

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Paralysis (General)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, M. M. Carmel Cem.

Date of Burial, Dec 4th 1886

Undertaker, H. Sanders & Son

Place of Business, New Nos. 1708 & 1710 Lanvale

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Alice Anna Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 9643 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov 3 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosana Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } U.S.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } 842 Chamberlain

Cause of Death, First (Primary), Necrosis of Lower Jaw

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Weeks

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 3 1886

Undertaker H. Sanderson

New Nos. 1703 & 1710

Place of Business, Lanvale

Address, Chas. Smith Jr. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96431 *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1896 REGISTERED

74

CERTIFICATE OF DEATH.

Date of Death, December 26"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Simmons

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, Dec. 3. 1896

Undertaker, H. Sanders & Son

New Nos. 1708 & 1710

Place of Business, Canton *Address,* Marine Hospital Service

L. F. Emrich M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Cand. 4447

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96432 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Rutter,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, in the 66th *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give Street and Number.} 75 McHenry, Md

Cause of Death, {First (Primary),

Second (Immediate), Angina Pectoris

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, Dec 6th 1886

Undertaker, Jos. R. Cook

Place of Business, No 1003 W Balto St *Address,* 158, Lafayette

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 76433. *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st December 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Heller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 7 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saxonia, Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Rabongstreet 175.

Cause of Death, First (Primary), Marasmus senilis

Second (Immediate), 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 3rd 1886

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore 1003 87

William Henkel M. D.
Medical Attendant.

Address, S. Wolfert. 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of Certificate

Board of Health, City of Baltimore.

11 / 1 / 86

Permit No. 96434 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased to Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Mary Hammond

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* ..... *Days,*

Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation House girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 10 yrs -

Place of Death, {Give street and Number.} 442 Holliday St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis - Exhaustion.

Duration of Last Sickness, about 8 mos.

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 4th 1886

Undertaker Morgan & Rye

Place of Business, 9 Mulberry St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 9645 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Wilmeran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years*, 4 *Months*, *Days*.

Color, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 320 Pine St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Croup

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec 3 1886

Undertaker, A Rauberger

Place of Business, 61 Park Ave *Address*, 2 Cathedral

The Jos Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96436 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Edward Leatt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months.* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 5 Little Calhoun St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Wash. at Cemetery

Date of Burial, December 3. 1886

Undertaker, Alex Hendry

Place of Business, 116 Lanvale St *Address,* 565 Druid Hill Ave

Chas E Leatt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96437 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 3 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Jackson Purnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 210 E. Duncan Ave

Cause of Death, First (Primary), Pleuro-Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 5th 86

Undertaker, G. Pearce

Place of Business, Bank & Wolfe Sts *Address,* 44 & Bdy.

Geo L Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96438 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

74

CERTIFICATE OF DEATH.

Date of Death, Nov 29 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Nilsson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norway - 3 Years

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, W. O. County

Date of Burial, Dec 1, 86

Undertaker, Fred'k Kircher

C. W. Mitchell M. D.
Medical Attendant.

Place of Business, Health Office *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96439 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown - Supposed to be (Joseph Crelly)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown -

Occupation, Supposed to be either in Harness business {or was a maker of}

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown - Supposed to be a Frenchman -

Duration of Residence in the City of Baltimore, Supposed to be abt 10 days -

Place of Death, {Give Street and Number.} Suicided at Otto Kamberger's saloon no 67 S. Eutaw st - where he had been lodging for about 10 days -

Cause of Death, First (Primary), Shot himself through the brain - ball entering the right temple

Second (Immediate), Property in shape of watch - (Waterbury) - satchel con - taining clothing etc - at S. Police Station -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 3 - 86

Undertaker, Fred Tait & Kuehn

Place of Business, Health Office

F. J. Flannery *M. D.*

~~Medical Attendant.~~ Coroner.

Address, 1701 Dr. Hill ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adline Hipkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* Some *Months,* V *Days*

Color, White *Sex,* Female

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dampstadt — Germany —

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} Number 9 — Bevan Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, Decemb 4

Undertaker, B. Ward

Place of Business, 82 West St.

John T. Brown M. D.
Medical Attendant.

Address 267 Montgomery St
(Old Number)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

For

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 74441 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH
DEC 3 1
BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, 2nd Dec 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 311 Warren Ave

Cause of Death, First (Primary), Old age

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 or 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill,

Date of Burial, Dezemb 5

Undertaker, B Hauk

Place of Business, 52 West St

Howard Cox M. D.
Medical Attendant.

Address, 426 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96442 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT DEC 3 1886

a

CERTIFICATE OF DEATH.

Date of Death, Dec 2, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Glendinning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 8 *Months,* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Northamptonshire - England

Duration of Residence in the City of Baltimore, 13 years -

Place of Death, {Give Street and Number.} 49 Washington av

Cause of Death, First (Primary), Pneumonia

Second (Immediate), acute Bronchitis

Duration of Last Sickness, Six weeks -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 5/86

Undertaker, P. J. Dee

Place of Business, 183 Columbia Ave

A. Swadt M. D.

Medical Attendant.

Address, 810 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96443 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec, 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lois Casper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 722 Lombard St

Cause of Death, First (Primary), old age

Second (Immediate), Senile Adynamia

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 5th 1886

Undertaker, Evans & Spence

Place of Business, 1002 E. Balto St *Address,* 1002 E Baltimore St

A Hoppthealyn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
DEC 3 1936
BALTIMORE, MD.

11 C

CERTIFICATE OF DEATH.

Date of Death, December 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Mallalieu

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} M D

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Old No 118 N Eutaw St Res

Cause of Death, First, (Primary,) Senile Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Dec 4th /86

Undertaker, Wm Weaver

Place of Business, No 202 Eutaw st

W Hammond M. D.
Medical Attendant.

Address, 64 or 310 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

4448

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26445 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Barnes

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since June

Place of Death, {Give Street and Number.} No. 2026 Gough st

Cause of Death, First (Primary), [illegible]

Second (Immediate), Tuberculosis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Lewis

Date of Burial, Dec 4 1886

Undertaker, M. Lehnert & Son

Place of Business, 92 S. Ad Address.

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96446 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 12 o'clock m Dec 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Colebaubeck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, N

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life ✓

Place of Death, {Give Street and Number.} 139 Chesapeake St

Cause of Death, First (Primary), Scrofula

Second (Immediate), Scrofulosis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 4 / 86

Undertaker, Frank Craig

Place of Business, 149 N Durham St

J E Richard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96447 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Barbara McLinnon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give Street and Number.} 232 Lemon st.

Cause of Death, {First (Primary),

Second (Immediate), Pthisis Pulmonalis.

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 5th 1886

Undertaker, Jas B Lord

Place of Business, No 1003 W Baltimore St

J. Whitehorn, M. D.
Medical Attendant.

Address, Fayette & Pace sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90448 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 3rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Reisinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 126 N Jefferson St.

Cause of Death, First (Primary), Infantile atrophy.

Second (Immediate), starvation

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 5th 1886

Undertaker, J B Cook

Place of Business, 1203 W Baltimore

Louis C Starr M. D.
Medical Attendant.

Address, cor Mulberry & Myrtle ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96449 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1886
BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Dec 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna V Bollack

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 24 Sarah Ann St.

Cause of Death, First (Primary), Tuberculosis of Lungs

Second (Immediate), Pneumonia & Debility

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 5 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave *Address,* 237 W Fayette St

W. R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96450 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McCauley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Florist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Senile Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 4th 1886

Undertaker, Wm J. Tickner

Place of Business, 221 E Eutaw St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96457 *Office of Registrar of Vital Statistics.* Ward 5th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE DEC 4 1886

B

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margret Mozingo

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 77 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 77 yrs

Place of Death, {Give Street and Number.} 442 E Monument

Cause of Death, First (Primary), ...

Second (Immediate), Senile Decay

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec 4 1886.

Undertaker, Wm. H. Hickman. Wm. J. Bakeel M. D.

Medical Attendant.

Place of Business, 234 N. Gay. *Address,* 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96452 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Shafer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} Mc Elderry Street & Central Avenue

Cause of Death, First (Primary), Old age

Second (Immediate), extreme exhaustion

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Milton N. Taylor M. D.
Medical Attendant.

Address. 600 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96453 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1886

CERTIFICATE OF DEATH.

C

Date of Death, Dec 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Saltmarsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give Street and Number.} 60 Druid St

Cause of Death, First (Primary), old age and consequent Confusion

Second (Immediate), Fracture Neck of Femur Both Arms Ofsuion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 4 86

Undertaker, B. Healy

Place of Business, 42 West St *Address,* 146 Hanover

Thomas Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96457 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 7 *Months,* 14 *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 57 Wayne St.

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96455 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1886
BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McLane Davis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1918 Madison Ave

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 4th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & Mt Royal & Boundary aves

C. O'Donovan M. D.
Medical Attendant.

Address, 311 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96456 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1888 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Louisa Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty (60) *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Five years

Place of Death, {Give Street and Number.} No 90 Holland Street

Cause of Death, First (Primary), Albuminuria (Bright)

Second (Immediate), Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 5th 1888

Undertaker, H. Hofmann

Place of Business, N. Eden St

Wm H. Clendinen M. D.
Medical Attendant.

Address, 1141 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96457 *Office of Registrar of Vital Statistics.* Ward 2 9

HEALTH DEPARTMENT DEC 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Steinbach

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 9 Months, 11 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 272 S. Broadway

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Dec 5. 1886.

Undertaker, John Hennessy

Place of Business, 382 Orleans

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96458 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 2, 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss A. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* XX *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 427 N. Wolfe St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Oct 4th 96

Undertaker, McCauley

Place of Business, 92 Dan'l *Address,* Balto City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96459 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda C Doenges

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Little Gough St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Church

Date of Burial, Dec 25th 1886

Undertaker, Peter Frey

Place of Business, Eastern ave *Address,* Canton

Jas A Edwards M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Jas A Edwards Physician

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96460 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~John Conner~~ Dec. 2, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Heart Failure

Duration of Last Sickness, 3 months (?)

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 5/86

Undertaker, C Hardesty

Place of Business, Health Office

William H Grove M. D.
Medical Attendant.

Address. City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96461 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Ogus Farquhar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months.* two days *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Biddle St N 1216 East

Cause of Death, First (Primary),

Second (Immediate), Mal formation Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 4th 86

Undertaker, R. B. Farquhar

Place of Business, 1216 E. Biddle *Address,* Exeter St

C S Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96462 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 74

Date of Death, Dec. 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fiedler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Bright's

Second (Immediate), Shock

Duration of Last Sickness, 17 hrs

All the above information should be furnished by the Physician.

Place of Burial, M. H. of G. Redeemer

Date of Burial, Dec 6

Undertaker, W. Fissel

Place of Business, 1914 Bond

William H. Harris M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96463 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* - *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 28

Place of Death, {Give Street and Number.} 43 Rockaway

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Lucas & Cemetery

Date of Burial, Dec 29 1884

Undertaker, Hercules Ross

Place of Business, 96 Courtland St *Address,* 703 E Lex St

R. W. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96464 *Office of Registrar of Vital Statistics* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Elkridge Landing Md

Duration of Residence in the City of Baltimore, ? 32 yrs

Place of Death, {Give Street and Number.} 19 Dodson Al

Cause of Death, First (Primary),

Second (Immediate), Dilatation of the heart

Duration of Last Sickness, week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6. 1886

Undertaker, [illegible]

Place of Business, [illegible]

Dr R Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96465 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Tuckenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 101 S. Regester St.

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Dep Thomas's Cem

Date of Burial, Dec 6 1886

Undertaker, ~~Geo~~ Ely Franc

Place of Business, Bunt St Yard

Frank C. Bressler M. D.
Medical Attendant.

Address, 107 Baker St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96466 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie E Ricketts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 502 Presstman or Pentrance Corner

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Exhaustion

Duration of Last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Elkton Md

Date of Burial, Dec 5th 1886

Undertaker, J E Mongold

Place of Business, 1408 Lemmon Ave

Address,

J H Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4449 Trans

Health Department, City of Baltimore.

Permit No. 9647 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT 1886 DEC 5

CERTIFICATE OF DEATH.

Date of Death, 4th December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora E Howell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1505 Presstman St.

Cause of Death, First (Primary), Dyptheria

Second (Immediate), Comp of Lung & Laryngitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebron Park

Date of Burial, Dec 5th 1886

Undertaker, J E Hough & Co

Place of Business, 1408 Penna Ave *Address,*

C B Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96468 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1886

CERTIFICATE OF DEATH.

Date of Death, Dec. 3, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew E. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, Ed

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} 98 Harmony Lane

Cause of Death, First (Primary), Alcoholic Excess

Second (Immediate), Congestion of Kidneys

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, Decem 5 1886

Undertaker, Wilson & Dingee

Place of Business, 62 East St

Geo. A. Fleming M. D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96469

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96469 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 3d, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Michel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} old # 261 Alice Anna St

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), Haemorrhage (Intestinal)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, L. Aloysius

Date of Burial, Dec 6

Undertaker, Wm. C. Dysard

Place of Business, 17 N. Bond

John H. Rehberger M. D.
Medical Attendant.

Address, ~~#~~ 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96479 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Alice Gooze

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 94 Woodyard Al

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7 1886

Undertaker, Hercules Pass

Place of Business, 75 Eastern Ave

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96471 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT DEC 1886

CERTIFICATE OF DEATH.

B

Date of Death, Dec 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Smith.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 1105 Chesapeake St

Cause of Death, First (Primary), Miscarriage. Cause not known.

Second (Immediate), Septicaemia.

Duration of Last Sickness, 1½ days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 5th 1886

Undertaker, H. Sander & Son

New Nos. 1708 & 1710 Eastern Av

Place of Business, *Address,* 224 E Elliott St.

D. H. Jones. — M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7E

a

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Levin Graham Bush

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 826 N Ann St

Cause of Death, { First (Primary,) Cerebritis

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery John H. Bolton M. D.

Date of Burial, Dec 6. 1886 Medical Attendant.

{ *Undertaker,* Henry McGinnis *Address* 526 N. Gay St.

{ *Place of Business,* 81 N. Central Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

No. 9647

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96473 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1886 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, December 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Steenrasen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Home Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give Street and Number.} 298 N. Durham St

Cause of Death, First (Primary), Ulcer of Stomach

Second (Immediate), Inanition

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, St. Johannes Co

Date of Burial, Dec 5 /86

Undertaker, Frank. Coale

Place of Business, 219 N Durham St

E Gerlach M. D.
Medical Attendant.

Address, Cor Park Ave & Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96474 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT DEC 5 1886

CERTIFICATE OF DEATH.

Date of Death, December 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. I. Lenard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bruce Street # 204

Cause of Death, {First (Primary), Caught fire from a Stove and Died from effects of the burns

Second (Immediate),

Duration of Last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Upper M. Cemetery

Date of Burial, Dec 6th 1886.

Undertaker, Saml M Shaw

Place of Business, 641 N. Howard *Address,*

L. G. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96475 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 DEC 230

CERTIFICATE OF DEATH.

Date of Death, December 4, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41. *Years,* + *Months,* 1 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 176. S. Dallas St.

Cause of Death, First (Primary), Acute nephritis

Second (Immediate), Uremic Convulsions.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 6th

Undertaker, Jno E Grace

Place of Business 1125. Caroline st.

A. V. Gosweiler, M. D.
Medical Attendant.

Address, 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 16476

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16476 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1886

CERTIFICATE OF DEATH. D

Date of Death, Dec 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Denning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 27 Courtland St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 28 months

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, Dec 6th

Undertaker, Geo Schilling

Place of Business, 4th bet Lond & Fay

J B. Gardner M. D.
Medical Attendant.

Address, 120h Greene St-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 92477 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. F. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 122 Mulberry St

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6 86

Undertaker, John E. Grace

Place of Business, 318 S Caroline *Address.*

J. Ernest Stevens M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Wisner
Inspector

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16478 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1886

CERTIFICATE OF DEATH.

Date of Death, December 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bodt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 318 S. Ford St.

Cause of Death, First (Primary), —

Second (Immediate), Old age

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Decem 6th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Nicholas L. Ashhill, M. D.
Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96419 *Office of Registrar of Vital Statistics.* Ward 8

HT DEPARTMENT
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Norton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 19 Willow St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 6th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt Ave *Address,* 775 Greenmt Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96480 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1886

CERTIFICATE OF DEATH.

Date of Death, Saturday Dec. 4th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur B. Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 401 E. Eager near Broadway

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), ~~Stupor~~, Profound Coma & Exhaustion

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 6/86

Undertaker, Wm S Fry

Place of Business, 51 W Broadway

Wilmer Brinton M. D.
Medical Attendant.

Address, Saw St, r Forrest Place,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96-481 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewin Wm McKain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1804 - Greenmount Ave

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Coma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 8/86

Undertaker, Chas F. Sonin

Place of Business, 911 N. Eutaw St *Address,* 259 Maryland Ave

H. Grimes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96482 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, December 5-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pasek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give Street and Number.} 811 N Durham Street

Cause of Death, First (Primary), Intemperance

Second (Immediate), ~~Apoplexy~~ ?

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas cemetery

Date of Burial, Dec. 6, 1886

Undertaker, Frank. Enach

Place of Business, 247 N. Durham

E Hale Rutledge M. D.
Medical Attendant.

Address, 1[illegible] N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96483 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary V. Geo. A. Lochner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 4 Days

Place of Death, {Give Street and Number.} S E Cor Lombard & Eutaw Sts

Cause of Death, First (Primary), Premature Birth

Second (Immediate), "

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 6/86

Undertaker, Geo A Lochner

Place of Business, 53 Hopkins Place *Residence Address,* 840 S Fayette

T. Chew Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96484 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Hoffman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} No. 90 Chestnut St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), —

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 5th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* Coroner

L. A. Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7047

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96485 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, December 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Ella Keys.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Colored.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter and did washing & ironing.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give Street and Number.} 438 St Mary's St.

Cause of Death, First (Primary), pulmonary tuberculosis.

Second (Immediate), " "

Duration of Last Sickness, eighteen months or two years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7 1886

Undertaker, Geo. Kennedy for

Place of Business, Woodland

Richd Henry Thomas, M. D.
Medical Attendant.

Address, 714 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96486

The Physician who attended any person in a last illness is responsible for the presentation of the certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Andrews

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 3 *Months,* 26 *Days*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower;*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. C. (Fayetteville)

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and number.} old No. 125 Vine St.

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanks-Linthicum

Date of Burial, Dec 6. 1886

J. C. Harris M. D.
Medical Attendant.

Undertaker, Ray Hensley

Place of Business, 116 Orchard St

Address (old 360) New No. 773 Lexington
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96487 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPT. DEC 6 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 5 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Betz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* —— *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Pearl St

Cause of Death, First (Primary), Consumption & Lung

Second (Immediate), Hemorrhage

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, Dec. 7

Undertaker, Walter Immel

Place of Business, 315 N. Bidle Address, 258 Madison Ave

D Fetterwolf M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96488 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bask,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* + *Months,* + *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} old No 48 Orleans St. Carrie

Cause of Death, First (Primary), Chronic Pneumonia

Second (Immediate), Paralysis.

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 6th 1886

Undertaker, Ferrall and Handy

Place of Business, 113 West St

R. T. Gatchell M. D.
Medical Attendant.

Address, 96 E. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1147

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96489 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT BALTIMORE DEC 6 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brittenham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} 217 Cooksie St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Decemb 7

Undertaker, B. Gaul

Place of Business, 62 West St

Robert S. Rowe M. D.
(1019)
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96490 *Office of Registrar of Vital Statistics.* **Ward** 17

DEC 6 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter M. Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, B

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 33 4 Lemmon av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, December 6

Undertaker, B Hall

Place of Business, 82 West St *Address,* 104 Fort av

C. A. Cooke *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96491 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEPARTMENT
DEC 6 1886
HALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, December 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Hoffmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, her whole time

Place of Death, {Give Street and Number.} 230 Conway st

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, December 7

Undertaker, B. Hunt

Place of Business, 82 West St

Edward Cook *M. D.*
Medical Attendant.

Address, 578 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 96492

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96492 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Sunday Dec 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Barahawerti

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Snow St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Edew St Prog Cemetery.

Date of Burial, Dec 6. 86

Undertaker, J Canfield

Place of Business, 104 N. Hight St *Address,* W Pratt Cor & Bulbenny St

C. Smith. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96493 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 6 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen S. Wickersham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Old Number 678 West Fayette St.

Cause of Death, First (Primary), Carcinoma of Liver and Stomach.

Second (Immediate), as above

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cathedral Cem.

Date of Burial, Dec. 7th 86

Undertaker, M. A. Sayer Agt.

Place of Business, 74 E. Bdwy.

Jos. Lloyd Martin M. D.
Medical Attendant.

Old Number 38
Address, New No 24 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7644

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7644 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 6 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J. Bordley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Wash-woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 40 Rose St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, Six months -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1886

Undertaker, Wm. James Grey

Place of Business, 210 Mulberry St *Address,*

S. K. Merrick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96495 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Trenting

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 Hamburg St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 7th 1886.

Undertaker, H. Secrald

Place of Business, 35 S. Eutaw *Address,* 170 S. Sharp St

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

96496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96496 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 20 Eager St

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 86

Undertaker, Wm N Dunger

Place of Business, 46 East St

James A. Stewart, M. D.

~~Medical Attendant.~~ Pro Tem.

Address, Ass. Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. V. Fitzpatrick Sanitary Inspector

No. 9149

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96497 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1886

CERTIFICATE OF DEATH.

Date of Death, Dec. 5 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Yeus + Mar. ? (Parents)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 13 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 105 N. Front St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, About 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 6 th. 1886. A. Hill M. D.

Undertaker, John Hennessy Medical Attendant.

Place of Business, 382 Orleans St. *Address,* Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96498 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 6 1886
REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DEATH.

Date of Death, Dec 5 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Fallon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give Street and Number.} 23 Hanover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, Dec 7th 1886

Undertaker, C. F. Fraser & Son

Place of Business, 20 & 22 Hanover *Address,* 213 Light

R. H. Boarman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4451 Franc

No. 96499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96499 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, December 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Robeson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* Two *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 114 Vine st Baltimore

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give Street and Number.} 114 Vine st

Cause of Death, First (Primary), Unknown

Second (Immediate), Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 6. 1886

Undertaker, Alex Hunter

Place of Business, Woodyard & Hunter

Benj F Robeson M. D.
Medical Attendant.

Address, Cor Mulberry & Green st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 46500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 46500 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Banks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days*

Color, Light - Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co., Va

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} No. 28 Vine St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Anæmia

Duration of Last Sickness, 10 years (?)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 6th 1886

Undertaker, Margam & Ryl

Place of Business, 9 Mulberry St

Eugene F. Cordell M. D.
Medical Attendant.

Address, 325 Oak St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 7

Permit No. 96501

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1886

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Selig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dealer in real Estate

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, four weeks

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), Disease of liver. (probably malignant)

Second (Immediate), Exhaustion

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Monday Dec. 6th

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96502 — *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE DEC 6 1886

CERTIFICATE OF DEATH.

Date of Death, Decem. 5—1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 156 East 4

Cause of Death, First (Primary), Acute Bright's Disease

Second (Immediate), Convulsions

Duration of Last Sickness, 16 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7th 1886

Undertaker, Geo Schilling

Place of Business, Richmond Square *Address,* 403 E. Eden

D. Scott M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7510

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 46503 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 6 1886
BALTIMORE

CERTIFICATE OF DEATH.

D

Date of Death, Dec 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Wetzelberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* 17 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, forty years

Place of Death, {Give Street and Number.} Chester & Madison St

Cause of Death,
First (Primary), Cardiac dilatation, phthisis & bright's disease
Second (Immediate), Congestion of the brain

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Milton N. Taylor **M. D.**
Medical Attendant.

Address, 600 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96504 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pelper

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 55. *Years,* 2. *Months,* 6. *Days.*

Color, White.

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 1214 Christian St

Cause of Death, First (Primary), Typhoid Malaria

Second (Immediate), Consumption

Duration of Last Sickness, 3 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 6th 1886

Undertaker, Jas B Cook

Place of Business, No 1003 W Balto St

F. N. Nixon M. D.
Medical Attendant.

Address, 837 N Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96505 *Office of Registrar of Vital Statistics.* Ward 8 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} 414 Hardford Ave.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Enteritis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemtry

Date of Burial, Dec. 7. 1886

Undertaker, Henry Hook

Place of Business, 459 N Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Address, 439 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96506 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H. DEPARTMENT
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5th December, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Elias

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 85 *Years,* 8 *Months.* 11 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Furniture Dealer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 Years.

Place of Death, {Give Street and Number.} No 830 S. S. (old) Pennsylvania Avenue.

Cause of Death, First (Primary), Old Age and general decay.

Second (Immediate), Paralysis

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, Dec 7th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

S. M. Littell M. D.
Medical Attendant.

Address, Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9650

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Home Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 212 Hanover st

Cause of Death, First (Primary), Cancer Spinal Meningitis

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 5 1886

Undertaker, Wilson & Lusby

Place of Business, 150 East St *Address,* Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9668

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9658 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Dec. 5 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cooking

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} No. 50 S. Strat[illegible] St.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lownel Cemetery

Date of Burial, Dec 6 1886

Undertaker, William N Dorsey

Place of Business, 150 Fort St

A Hill, M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9659

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96509 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ray L Case

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 425 N Fayette St

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial, Sept 7 1886

Undertaker, Jas B Cook

Place of Business, No 707 N Balto

J M Taltavull M. D.
Medical Attendant.

Address, 19 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7611

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18510 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, DEC. 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara S. Lehn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Ger. Orphan Asylum

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Decbr 7th 1886

Undertaker, H. Sauder & Son

Place of Business, New Nos. 1708 & 1710 Canton Av *Address,* 1810 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16511 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Dec. 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Fries

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* ... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Single~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} old # 142 S. Wolf St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Trinity M. E. cem.

Date of Burial, Dec. 8th 1886

Undertaker, H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Canton Ave

John H. Kellogan M. D.
Medical Attendant.

Address, # 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96572 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Heldman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Provision dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1236 Pa ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Internal Hemorrhage

Duration of Last Sickness, 10 days under treatment

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 7th 1886

Undertaker, J E Montgomery

Place of Business, 140 & Penn Ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96513 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 6th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ackermann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 5 *Months,* 28 *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Black-smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 129 – 138 Robinson st

Cause of Death, First (Primary), White Atrophic Softening of Brain

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetry

Date of Burial, Dec 8th

Undertaker, John P. Paulous

Place of Business, 66 Frederick ave

C. L. Suddenborn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9654 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 6th 1886 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Minor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — ~~*Months,*~~ 7 weeks *Days,*

Color, Negro

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 34 Etting St n Wilson

Cause of Death, First (Primary), Eclampsia following Erysipelas

Second (Immediate), Exhaustion

Duration of Last Sickness. 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 7 — 1886

Undertaker W W Thadden

Place of Business, 76 East St

Nath. Keyser, M. D.
Medical Attendant.

Address, 512 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 9515 Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, December 4,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kessler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 Years, White, Months, Days.

Color,

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Burglar

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2 months

Cause of Death, { First (Primary), Cerebral Hemorrhage

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 8

{ Undertaker, B. Myers & Co.

Place of Business, 57 Exeter

Address, 837 Orleans

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96576 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Bumbele

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 13 *Years,* ~~—~~ *Months,* ~~— — —~~ *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Vincent Alley

Cause of Death, First (Primary), Scrofula and Phthisis

Second (Immediate), Diarhoea

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 1886

Undertaker, Sorrell & Handy

Place of Business, Cross & Christ *Address,* Eutaw & Mt. Royal

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

M. C. Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96517 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorris Riel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy (3 yrs in America

Duration of Residence in the City of Baltimore, 6 mos –

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 2 wks –

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Dec 7th/86

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 624 N Calvert

Edson J. Lockard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96578 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec - 6 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luz Augusta Luger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

~~*Color,*~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shop-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} old 55 Frederick Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 4 hrs —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec. 8th 1886

Undertaker, Th. Seewald

Place of Business, 119 S Eutaw St *Address,* 152 N. Fayette St

C. E. McDowell M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 96579 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj H Washington

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — 3 *Months.* — *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 92 Cedar alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions -

Duration of Last Sickness, Two weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9 1886

Undertaker, Marcellus Ross

Place of Business, 90 E Baltimore St

H H Goodman M. D.
Medical Attendant.

Address, 620 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 96520 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd Hamilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 600 n Gilmor st

Cause of Death, First (Primary), Melancholia

Second (Immediate), Inanition

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 7/86

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

F. T. Miles M. D.
Medical Attendant.

Address, 514 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96521 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sanders

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 386 Linden av

Cause of Death, First (Primary), Heart Failure

Second (Immediate),

Duration of Last Sickness, Dan Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Dec 7th 1886

Undertaker, Stewart & Monroe

Place of Business, 35 Park av

W. A. McGuire M. D.
Medical Attendant.

Address, 386 Linden av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

Permit No. 96524 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Vents Kensington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 Aisquith St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Coma with Asthenia

Duration of Last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 9th 1886

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St

Jno H Duffendeffer M. D.,
Medical Attendant.

Address, 1421 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96523 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan C Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co, Md.

Duration of Residence in the City of Baltimore, About 20 Years

Place of Death, {Give Street and Number.} No. 91 Jasper St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Asthenia

Duration of Last Sickness, About 4 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, December 8 1886

Undertaker, Margeum & Pyle

Place of Business, No 9 mulberry *Address,* 325 Cath St.

Eugene F Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96524 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara J. Gutman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 1039 N. Central Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, December 9 1886

Undertaker, Henry Hoen

Place of Business, 30 E Pratt St *Address,* 403 N Paca St

J. C. Hamm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96525 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 5 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 230 Vine St-

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8/86

Undertaker, Hond & Dunger

Place of Business, East St. James A Steuart M. D.

Attending Physician.

Address, Camp 26 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore.

Permit No. 96526 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 86 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. N. Linaweaver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* —— *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wholesale Liquor dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Manchester, Carroll Co. Md.

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} 188 E. Division

Cause of Death, First (Primary), Brights disease of Kidneys

Second (Immediate), " " " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 9th 1886

Undertaker Jos F. Byrne

Place of Business, 54 N Eutaw

A. O. Christian M. D.
Medical Attendant.

Address, 1821 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16227 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 7 1886

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Hart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 414 Hartford Ave.

Cause of Death, First (Primary), Cannida

Second (Immediate), Convulsions

Duration of Last Sickness, since at birth.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec 8th 1886

Undertaker, Henry Hoeke

Place of Business, 309 N Eutaw St *Address,* 439 W. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause e of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

Health Department, City of Baltimore.

Permit No. 96528 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1886 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Steinbockel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* 4 *Months,* 6 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} Pine & Mulberry St.

Cause of Death, First (Primary), Fracture of the Neck of Femur

Second (Immediate), Emphysema

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 8th 1886

Undertaker, Fred Gaede

Place of Business, 29 S Carolina *Address,* 30 N Bond St.

Geo L Gilpacks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76529

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 74

Date of Death, December 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A. Finney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} Church Home, Hopkins & Broadway

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pneumonia

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 8th 1886

Undertaker, 516 A. Hays Sth

Place of Business, 74 S. Broadway

H. Glass M. D.
Medical Attendant.

Address, Church Home & Hospital
& Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96530 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Bartley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 1/2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Home

Cause of Death, First (Primary); Malformation of Heart

Second (Immediate), Imperfect oxydation (Cyanosis)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Dec 7

Undertaker, E. M. Lizard

Place of Business, 137 E. Lee

Thos. F. Latimer *M. D.*
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96531

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Dec 6, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wessenburg (Wessenberg)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* 7 *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stove Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 1004 W. Balto St.

Cause of Death, First (Primary),

Second (Immediate), Pleuro pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 8th 1886

Undertaker, W. R. Stuart

Place of Business, 130 N. Eutaw St.

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 606 N. Carroll bet a...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 7[illegible]

Health Department, City of Baltimore.

Permit No. 96532

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ December 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ariana Peck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, from childhood

Place of Death, {Give Street and Number.} # 924 Eutaw St

Cause of Death, First (Primary), Burnt to death by house in which

Second (Immediate), she lived taking fire & burning out

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 8th 1886

Undertaker, Alex. Kinsella

Place of Business, 561 Arch *Address,*

L. S. Spanow M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96533 *Office of Registrar of Vital Statistics.* Ward 7th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1886 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Flach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 25 Bennett Pl

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec 8th 1886

Undertaker, H. C. Sanders & Son

Place of Business, 1710 Eastern Ave

E. S. Warner M. D.
Medical Attendant.

Address, Bank & 2nd Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96534 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Riener (Reiner)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} S. E. Corner Canton avenue & Wolfe St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem. Phila. Road

Date of Burial, Dec. 8th 86

Undertaker, G. Trance

Place of Business, Park & Wolfe Sts. *Address,* 703 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 96535 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Dockins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 215 N Durham St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1886

Undertaker, J McLeish

Place of Business, #73 Jefferson

J B Schwatka M. D.
Medical Attendant.

Address, 933 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on Back of ...

Health Department, City of Baltimore.

Permit No. 96536 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 8 1886

CERTIFICATE OF DEATH.

a

Date of Death, December 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Grefe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} (ON) 55 S Paca St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Dyhaudtion

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, December 9th 1886

Undertaker, W. Steward

Place of Business, 119 S Eutaw St

J H Harvey M. D.
Medical Attendant.

Residence, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 96537. *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2 - 89 - 10 o'clock

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Lingold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 12 LaRue's Alley

Cause of Death, First (Primary). Bronchitis

Second (Immediate).

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemetery

Date of Burial, dec 9 1889

Undertaker Hercules Rass

Place of Business, 75 Eastern Ave St

P. Thumberne M.D.
Medical Attendant.

Address, Dispensary & the Univ of Md. College

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Dorsey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Don't Know over 5 yrs.

Place of Death, {Give street and number} 9 Sarah Anne St.

Cause of Death First, (Primary,) Uterine Cancer

Second, (Immediate,) Albumia

Duration of last Sickness, over Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, December 8th

Undertaker, John H. Ahlers

Place of Business, 172 Pearl St *Address,* 1125 Madison Ave

T. A. Abby, M.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96539 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 7th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A. Hupfel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2030 E. Pratt

Cause of Death, {First (Primary), Cerebral Hemorrhage

Second (Immediate), Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 9th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

H. Ten Eyck Monmonier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96540 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec-6-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Johnson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color ED

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} new 16 N. Vincent al

Cause of Death, First (Primary), Bronchitis —

~~Second (Immediate)~~, several days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Harpers Cemetery

Date of Burial, Dec 7 1886

Undertaker, William Burger

Place of Business, 150 Eastern Av

C. C. McDowell M. D.
Medical Attendant.

Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96541 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, December 6 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Ries

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~15~~ 15 years

Place of Death, {Give street and number.} 145 N Broadway

Cause of death, First, (Primary,) Fatty degeneration of the heart

Second, (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Shalam Cemetery

Date of Burial, Dec 8

Undertaker, Jacob Ahrens Balto

Place of Business, 448 W ~~Balto~~ *Address,* 226 N. Fayette St

A Aronsohn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96542 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, DEC. 7 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hawkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 28 *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 71 East St.

Cause of Death, First (Primary), [redacted] Lobular Pneumonitis

Second (Immediate),

Duration of Last Sickness, 7 — 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Dec 9. 1886.

Undertaker, Wm. H. Hickman. A. Hill M. D.

Place of Business, 234 N. Gay Street, *Address,* Coroner. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 96573 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the present form of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 8 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Decemb 8th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Spier

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation President Baker Run Coal Co

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Scotland about 30 years

Duration of Residence in the City of Baltimore, ~~about 30 years~~ two days

Place of Death, { Give street and Number. } 1304 Eutaw Place

Cause of Death, First (Primary), Chronic disease of Stomach

Second (Immediate), Haematemesis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, Dec 10th 1886

Undertaker Stewart Brown

Place of Business, 35 Park ave

F. T. Miles M. D.
Medical Attendant.

Address, 514 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

46 52 Fraser

Board of Health, City of Baltimore,

Permit No. 76574 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Jane Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 6 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 3 West Fallo Av.

Cause of Death, First, (Primary,) Placenta Previa

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, Dec 9th 1886

Undertaker, Evans & Spence

Place of Business, 100 E Balt St

P. G. Dausel M. D.,
Medical Attendant.

Address, 1727 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th December 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Vanness Cooper.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Two Years, four Months, ~~Days.~~

Color, Ed. Sex, Male.

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } 6 Foster Alley.

Cause of Death, First (Primary,) Catarrh.

Second (Immediate,)

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 9th 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

Jno. J. Collins M. D.
Medical Attendant.

80 N. John St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 965746 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Cohen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 536 N. Bath St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lovgett-st. Cemetery

Date of Burial, Dec. 8th

Undertaker, Evans & Spence

Place of Business, 100 E. Baltimore St. *Address,* 518 Hanover

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 9654 7 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Coplon.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia.

Duration of Residence in the City of Baltimore, Sixteen Months.

Place of Death, {Give Street and Number.} 52 E Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia.

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Dec 8

Undertaker, Jacob Ahrens

Place of Business, 418 W Balto *Address,*

Albert P Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permit No. 96578

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John & Mary Gregg. (Parents

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Wh

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 408 E. Townsend St - Balto

Cause of Death, First, (Primary.) Imperfect development

Second, (Immediate.) being just over 6 mos.

Duration of Last Sickness, no sickness -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec. 8th 86

Undertaker, Wm J Gran

Place of Business, 216 Mulberry St.

Arch. A Ulman M.D.,

Medical Attendant.

Address, office 65 N. Chas St

Res. 73 Chas St Arch

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 96579 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death, Dec 7th 1886 10 2 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Clark Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Light Mulatto.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 36 Saratoga St. City.

Duration of Residence in the City of Baltimore All his Life

Place of Death, { Give street and Number. } 36 Saratoga St.

Cause of Death, First (Primary), Marasmus,

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, Dec. 8th 86

Undertaker Wm. F. Gray

Place of Business 218 Mulberry St. *Address,* City Hos. Dis.

J B Saunders M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus H. Erich MD

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, abt 30 years

Place of Death, {Give street and number.} 95 Park ave

Cause of Death, First (Primary,) Indigestion

Second (Immediate.) Apoplexy

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem James A Steuart M. D.

Date of Burial, Dec 9th 1886 Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address* 93 W 6th Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OV

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96551 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis P. Hanson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt'e

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 5 Dorohue, Court

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 9th 1886

Undertaker, H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Carlton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 96532 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 8 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 97 One *Months,* 14 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 24 Fleet

Cause of Death, First (Primary), Cyanosis — Imperfect Heart

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 9th 86

Undertaker, G. Franco

Place of Business, Bank & Wolfe Sts *Address,* 77 S. Eden

L. L. Dirickson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96553 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 8/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 81 Leadenhall St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 9 1886

Undertaker, B W Chase

Place of Business, 196 Howard

J. D. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 96554 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Preston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} 316 Dawson alley

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Asthenia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9th 1886

Undertaker, S W Coburn

Place of Business, 64 S Howard St

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96555 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kiltner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* 26 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give Street and Number.} 73 Amity St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 10

Undertaker, J B Cook

Place of Business, 1003 N Bond St

H. N. Webner M. D.
Medical Attendant.

Address, 824 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 96536 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Harrison Emmark

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 43 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give Street and Number.} 833 Ramsey St.

Cause of Death, First (Primary), [blank]

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 9

Undertaker, J Booth

Place of Business, 1003 W Baltimore

H W. Hubner M. D.
Medical Attendant.

Address, 824 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 7633

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 9 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Heron

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1403 East Eager St

Cause of Death, First (Primary), Severe cold

Second (Immediate), Chronic Croup

Duration of Last Sickness, about twelve days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 10th

Undertaker, Geo Schilling

Place of Business, 27th and Eyeau

Milton N. Taylor M. D.
Medical Attendant.

Address, 600 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 96558 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lowers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days*

Color, Brun Hair

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Duringlife

Place of Death, {Give Street and Number.} 37 Exeter

Cause of Death, First (Primary), Monasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10 1886

Undertaker, J J Lock

Place of Business, #73 Jefferson *Address,* 115 E Fayette st

Whitefield Winans *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 96539 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 9 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. ~~Nov~~ 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 1003 Bond

Cause of Death, First (Primary), Chronic Bronchial Catarrh

Second (Immediate), and Asthma

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 11th

Undertaker, J J Bowan

Place of Business, 89 Hollins St

Chas F. Mickle M. D.
Medical Attendant.

Address, 283 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 96460 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 9 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} Scott St # 3

Cause of Death, First (Primary), Infirmities of age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 9th 1886

Undertaker, John L. Meaden

Place of Business, No 150 Canton Av *Address,*

L. S. Sparrow M. D.

~~Medical Attendant~~.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Health Department, City of Baltimore.

Permit No. 96561 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick T. Meyers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine Dundee Me

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 1822 Bryon st

Cause of Death, First (Primary), Acute Enteritis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 10th 1886

Undertaker, Bernard Hahn

Place of Business, Old 82 West St

O. A. Cook M. D.
Medical Attendant.

Address, 104 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96562 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jula Schierholz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 9 *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 6. E. Cross St. Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 6. E. Cross St

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 9" 1886

Undertaker, Conrad Hahn

Place of Business, Old #82 West St

C. N. Thomas, M. D.
Medical Attendant.

Address, 1006 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 96563

Office of Registrar of Vital Statistics.

Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Tumblinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} (Tumblinson)

Age, 5 9 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 310 Linden Ave

Cause of Death, First (Primary), Strangulation by Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 9th 1886

Undertaker, Lemmon & Mitchell

Place of Business, 556 W Fayette St *Address,*

Chas H Hunter M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 96564 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Makowske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} new # 706 S. Broadway

Cause of Death, First (Primary),

Second (Immediate), Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimt.

Date of Burial, December 9 86

Undertaker, F. D. Brockwitz

Place of Business, 253 Ost Balto St. *Address,* # 1709 Aliceanna St

John H. Rehburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 96565 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Hunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age. 53 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Yonkers New York.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 3. S. Calhoun St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Odenwald~~ Port Deposit Md

Date of Burial, Dec 10th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

H. W. Weber M. D.
Medical Attendant.

Address, 824 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4453 Transcript

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 96566 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Grokowski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 516 S. Chapel St.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Convulsions

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Dec 10th 1886

Undertaker, Fred Gaede

Place of Business, 29 E Caroline [illegible] 2[illegible] S. Ann St.

A. V. Gravenitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96567 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad H Hamel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give Street and Number.} 317 S Bond St

Cause of Death, First (Primary), Old Age,

Second (Immediate), Asthma

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 10th 1886

Undertaker, Wenche Dieffel

Place of Business, S Bond St *Address,* Camp 76.

James H Lewis M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Saml A McCay M.D.
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 96568 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 9 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam David Snyder
Snyder

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 3108 Elliott St.

Cause of Death, First (Primary), —
Second (Immediate), Pseudo Membranous Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, 10 Dec. 10th 86

Undertaker, G. Franc

Place of Business, Frank & Wolfe Sts. *Address,* 2826 Elliott St.

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Diseases on

Health Department, City of Baltimore.

Permit No. 9[illegible]69 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Breitenbach

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 17 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} single

Occupation, Tailoress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} (over) 13 [illegible] Chappel st

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 10 [illegible] 86

Undertaker, G. Frank

Place of Business, Bonk & Wolfe Sts, *Address,* 1727 E. Balto. st.

D. G. Lauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96570 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* ..... *Months.* 10 *Days*

Color, B

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 134 Cider alley

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give Street and Number.} 134 Cider alley

Cause of Death,
First (Primary), Inanition
Second (Immediate), ...

Duration of Last Sickness, For 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louisville city

Date of Burial, Dec 10 1896

Undertaker, Mercer Ross

Place of Business, 95 Eastern Ave

Chas. N. Fellows M.D.
Medical Attendant.

Address, 116 N. Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 9657 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Cardiac Asthenia

Duration of Last Sickness, Two years & a half

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 10th 1886

Undertaker, S. W. Leonard Son

Place of Business, 782 W. Baltimore *Address,*

J. P. Voll *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 96572 *Office of Registrar of Vital Statistics.* Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Reynaud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Yellow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuban by birth

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give Street and Number.} South Western Station House

Cause of Death, First (Primary), Suicide by hanging himself from

Second (Immediate), the bars of his cell

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St *Address,*

L. G. Sparrow M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 96573 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Decemb 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Debitsch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 488 W Balto St

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Paral:

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem Druid Hill Park

Date of Burial, Dec 10th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 946 Madison ave

H Ullmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96574 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT BALTIMORE DEC 10 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Maria Hanemann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give Street and Number.} 2224 Frederick Av.

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Coma

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, December 10 1886

Undertaker, John P. Paul

Place of Business, 56 Third Ave. *Address,* 1327 W Fayette St

G. H. Whitman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on b

Health Department, City of Baltimore.

Permit No. 96575 — *Office of Registrar of Vital Statistics.* Ward 9—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 BALTIMORE MD

H

CERTIFICATE OF DEATH.

Date of Death, December 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McCune

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Heart Failure

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 10th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt Ave

William D Gamse M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9659 6 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, Dec 8 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, cd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Raymaw

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 235 East St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Dropsy

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10 1886

Undertaker, W W Madden

Place of Business, 76 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 301 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ba

Health Department, City of Baltimore.

Permit No. 9657 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Kunsted

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 347 Mosher St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Dropsy Hydrothorax

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Glendy Cemetery

Date of Burial, Dec 10

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore 1003

Thos Opie M. D.
Medical Attendant.

Address, 600 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 96578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 P. M. 8th December, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus John Moore

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Brick Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Savannah, Georgia

Duration of Residence in the City of Baltimore, 23 years in Baltimore

Place of Death, {Give street and number} 1915 McCulloch St. Baltimore

Cause of Death, First, (Primary,) Obstruction of the Liver-Malaria-

Second, (Immediate,) 〃 〃 〃 〃

Duration of last Sickness, He was sick for 10 wks - I only attended one mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 12th 1886

Undertaker, Chas T Scriven

Place of Business, 271 S Eutaw St

Wm J. Work M. D.
Medical Attendant.

Address, 817 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 96579 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Bleicher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 672 Raburn St.

Cause of Death, First (Primary), General Debility,

Second (Immediate), " "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 10

Undertaker Walter Emmert

Place of Business, 315 W. Biddle St. *Address,* 1821 Mad. Ave.

W. Christian *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No: 96580

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Annie Chinnery

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 24 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} New No 1705 · Old No 353 Mosher St.

Cause of Death, First, (Primary,) Premature Birth - Cause unknown - About 6½ month

~~Second, (Immediate,)~~ child - Breech Presentation: Born Asphyxiated.

Duration of last Sickness, Child lived about one hour after birth.

All the above information should be furnished by the Physician.

Place of Burial, Bael's Cem

Date of Burial, Dec 10" 1886

Undertaker, Dennis & Nichols

Place of Business, 550 W Fayette

James A. Gwaltney M. D.
Medical Attendant.

Address, 811 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96581 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sobia Eliz Warfield

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dying Left

Place of Death, {Give Street and Number.} 417 Randall

Cause of Death, First (Primary), Congestion of Brain & Lungs

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Burnside Hearle

Place of Business, 1114 West Balt St *Address,* 110 Front Ave

O. A. Corke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9682 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Steiner White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} old No 262 Druid Hill Ave

Cause of Death, First (Primary), Catarrh of bowels & Infantile Cyanosis

Second (Immediate), Enteritis & Hypercaemia of the Brain

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 11, 1886

Undertaker, John F. Andrews.

Place of Business, 4 Druid Hill Ave. *Address,* 953 Madison Ave

Elias L. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9 v

Permit No. 96583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gladding

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newport R.I.

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number.} Mt Vernon Hotel Balto

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Heart failure

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Port Rhode Island

Date of Burial, Dec 10th 1886,

James H Stewart M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins Son

Place of Business, Park & Saratoga sts *Address* 611 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 96584 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

E

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie F. Pamphilon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 9 *Months,* ~~ *Days,*

Color, White

Married, Single, Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} No 427 Sharp Street

Cause of Death, First (Primary), Malarial fever

Second (Immediate), Intestinal Neuralgia

Duration of Last Sickness, about six Months

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, ~~From Olivet~~ Dec 11th 1886

Undertaker John D. Mackie

Place of Business, 150 Camden St

Wm. H. Burns M. D.
Medical Attendant.

Address, 284 North Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 96585 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Jacobs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11. *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give Street and Number.} 40 Harrison Street

Cause of Death, First (Primary), Acute Cerebral Meningitis

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Dec 9

Undertaker, Jacob Ahrens

Place of Business, 418 W Baltimore St

Medical Attendant. M. D.

Address, 1 E. Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96586 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Levy

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 19 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow or Widower~~

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 101 Conway St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 17 days.

the above information should be furnished by the Physician.

Place of Burial, Old Hebrew Cemetery

Date of Burial Dec 10

Undertaker L Ahrens

Place of Business, 448 W Balto St *Address,*

Geo Lofton Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96587 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margeritta Berg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 1401 Madison Ave

Cause of Death, First (Primary), Pelvic Haematocele

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Chas E Leslie M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96588 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec "9" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara L. and Chas Gross. Parento

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* / *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23a Thomas St

Cause of Death, First (Primary), Exanition

Second (Immediate),

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, Dec 9" 1886

Undertaker, F. A. Reichmen

Place of Business, ~~~

James A. Stewart M.D.

Coron" Health & Reg Offic

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Chas. E. Dunning. Inspector

Health Department, City of Baltimore.

Permit No. 26589 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Boston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [redacted] during life

Place of Death, {Give Street and Number.} 553 Oxford St

Cause of Death, First (Primary), Bronchitis (capillary)

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 10th 1886

Undertaker, Alex Hensley

Place of Business 116 Orchard *Address,*

J. E. Atkinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96590 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Dec. 9. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. Lizzie Nawtein,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 13 *Years,* *Months,* *Days.*

Color, Wht,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, Lived life,

Place of Death, {Give Street and Number.} 15 Fawbert st,

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Asthenia,

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Crow Hussville Md

Date of Burial, Dec 11th 1886

Undertaker, Alex Hovesey

Place of Business, 116 Orchard *Address,* 100 W. Fayette

J. L. Nute M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

443 4th Ave

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96591 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Oberender

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 263 S. Bond St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Evangelical cem.

Date of Burial, Dec 10th 1886

Undertaker, H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96592 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Julia Bosworth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} E. Fayette St. ppl.

Cause of Death, First (Primary), Membranous

Second (Immediate), Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, In E. B. Ground

Date of Burial, Dec 10/86

Undertaker, Wm S Fry

Place of Business, 11 N Broadway

H. G. Link M. D.
Medical Attendant.

Address, 1000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96593 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wenzel Stolka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laboorer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give Street and Number.} # 1518 Alice Anna St

Cause of Death, First (Primary),

Second (Immediate), age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Dec. 11/86.

Undertaker, Frank H. Coach

Place of Business, 249 N. Carrollton Ave

John H. Rehberger M. D. (Medical Attendant.)

Address, # 709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9459 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 9, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coleman,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give Street and Number.} 29 Hillen St.

Cause of Death, First (Primary), Pyaemia (Labor attended by Mid.)

Second (Immediate), Exhaustion,

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 11th 1886

Undertaker, Chas P Byrne

Place of Business,

F. Wickenberg M. D.
Medical Attendant.

Address. 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 96395 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 10th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Wallace.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, White ~~Footsteps~~.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} ~~Sold Agents & Bds.~~

Occupation, Gas Engineer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 401 E Lombard St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Asthenia.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Jno B Loch

Place of Business, No 707 W Baltimore St

Abm L Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96596 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 10 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C Carper.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Four *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Seven years and Four Months

Place of Death, {Give Street and Number.} 339 N. Stricker St.

Cause of Death, First (Primary), Tracheitis.

Second (Immediate), Suffocation.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Arlington Baltimore Co

Date of Burial, Dec 11th 1886

Undertaker, Jos B Cook

Place of Business No 707 W. Baltimore

James H Litton M. D.
Medical Attendant.

Address, 223 N Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96597

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, (or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1886

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnila L. Fealey

Sex, Male or Female {Cross out the word not required in this line.} Male (Negro)

Age, 6 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 280 W. Lombard St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 11th 86 10 A.M.

Undertaker, Geo Schilling

Place of Business, 4 & Canden Ave

Chas. B. Lujus M. D.
Medical Attendant.

Address, 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96598 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10

CERTIFICATE OF DEATH.

Date of Death, 9th of December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Barbes

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months.* 28 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dahlhausen Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} old Number 111 Eutaw St.

Cause of Death, First (Primary), ...

Second (Immediate), Scirrhus and Carcinoma ventriculi

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer cem.

Date of Burial, Dec. 11th 1886

J. Adolph Böhm, M. D.
Medical Attendant.

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave. *Address,* 119 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96599

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 10 1896
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 9" 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michal Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 1740 Light st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 11th 1896

Undertaker, Armstrong Bro

Place of Business, 263 Light

O. A. Cook M. D.
Medical Attendant.

Address, 1024 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Form.

Health Department, City of Baltimore.

Permit No. 6600 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 80 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Edna Chenoweth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 12 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 432 N Gilmor St

Cause of Death, First (Primary), Membr. Croup

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Dec 11th 1880

Undertaker, W. Weaver

Place of Business, Eutaw

W W Wright M. D.
Medical Attendant.

Address, 220 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 25601 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry M. Tyrrell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 7 *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give Street and Number.} 831 N. Eutaw St.

Cause of Death, First (Primary), Bright's Kidney Disease

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Henry W. Mears

Place of Business, #431 E. Fayette St *Address,* 273 Lexington St

John J. Ross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96602 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele F. Habeghurst

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 615 Eutaw St. near Edmondson Ave

Cause of Death, First (Primary), Cyanosis.

Second (Immediate), Cyanosis

Duration of Last Sickness, five mos.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 11 - 1886

Undertaker, Denny & Nicholson

Place of Business, 500 W Fayette St *Address,* 918 W Monument St

W. P. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96603 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT DEC 1896 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th, 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 49 N. Caroline st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 12 th 1896.

Undertaker, Seton Henning

Place of Business, 382 Orleans St *Address,* 824 Broadway

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 96604 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Schultze Westfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 4 mos. 14 days

Place of Death, {Give street and Number.} 117 No Monument St.

Cause of Death. First (Primary), Convulsions.

Second (Immediate),

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12th 1886

Wm E Mosley M. D.
Medical Attendant.

Undertaker William Weaver

Place of Business, N. Eutaw St *Address,* 838 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Montandon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~Female~~

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 235 Linden Ave

Cause of Death, First (Primary,) General Senile Decay

Second (Immediate,) Exhaustion

Duration of Last Sickness, ~~4 Months~~ 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery C. F. Bowen M. D.

Date of Burial, Dec 11th 1886 Medical Attendant.

Undertaker, Stewart Mowen *Address* 241 Linden Ave

Place of Business, 35 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific

Health Department, City of Baltimore.

Permit No. 96606 *Office of Registrar of Vital Statistics.* Ward 6 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roderick W Foots

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 N Chester

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, DEC. 11th 1886

Undertaker, M. A. Kaiser Atty.

Place of Business, 74 S Broadway

E B Tull M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96607 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ackworth.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bato.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} old No 80 Fairmount Ave.

Cause of Death, First (Primary), Debility (General)

Second (Immediate), Asthenia.

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec, 11 86

Undertaker, Jas. A. Sayer & Bro.

Place of Business, 714 E. Broadway

Wm. H. Norris. M. D.
Medical Attendant.

Address, 1300 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 94608 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 9 /76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Mudrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} #205 S. Eden

Cause of Death, First (Primary), Hepatic Colic (Gangrene) Gall Stones.

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 12 December 77

Undertaker, W Lapsley

Place of Business, 151 S Bond Address, 77 S. Bdy.

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96609 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jamie Ely Hagan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 99 S. Ann St

Cause of Death, First (Primary), Valvular Heart disease

Second (Immediate), ...

Duration of Last Sickness, Three months

The above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Dec 12

Undertaker Wm H Speed

Place of Business, 161 E Bond

James E Emerille M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 96610 *Office of Registrar of Vital Statistics.* Ward 14 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE, MD.

94

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Stall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Home

Cause of Death, First (Primary),

Second (Immediate), Mal-Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Dec 12

Undertaker, C. W. Blizzard

Place of Business, 1139 Penn ave

Tho. S. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9561 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E. Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 5½ Mos

Place of Death, {Give Street and Number.} Nursery & Child's Hospital

Cause of Death, First (Primary), ...

Second (Immediate), Mal- Nutrition

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Dec. 12

Undertaker, [illegible]

Place of Business, 1137 Pennsylvania Ave

Tho. S. Latimer M. D.

Medical Attendant.

Address 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96612 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* 25 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt and

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1838 W. Baltimore

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 12 Dec.

Undertaker, J. B. Cook

Place of Business, 1 W. Balto St. *Address,* 38 W. Lombard St

A. L. Shum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96613 *Office of Registrar of Vital Statistics,* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 1 *Months,* 28 *Days*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 275 Madison Ave

Cause of Death, First (Primary), Fatty Degeneration of Heart.

Second (Immediate),

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 13th 1886

Undertaker, Kelly Eakin & Sons

Place of Business, Park & Saratoga

Chas. H. Riley M. D.

Medical Attendant.

Address, 1113 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules on the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 9661 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 10 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley G. Swindell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 77 Warner St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 11th 1886

Undertaker, Armstrong Bros

Place of Business, 263 Light *Address,* 1002 Edmondson ave

J. M. Hundley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 96615 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Dec 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 12 Hamburg St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Bernard Hahn

Place of Business, 82 West Pratt St *Address,* 15 Hanover St

I. C. Burch *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96616 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Jay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 92 E Townsend St

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,)

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 12th 1886 Wm J. Munnick M. D. Medical Attendant.

Undertaker, Stewart Murphy

Place of Business, 38 Park ave *Address* 8 N Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 96617 *Office of Registrar of Vital Statistics.* Dec 19 1896

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 334 (old No) Little Sharp St

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Dec 12 1896

Undertaker, William V Dorsey

Place of Business, 150 East St

Amman F Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 96618

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~Coroner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

Ward 16

CERTIFICATE OF DEATH.

Date of Death, 10 Dec 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Upshur

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook Waiter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 247 S Eutaw St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 6 Mon.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 12 1886

Undertaker, Herculean A&S

Place of Business, 95 Eastern Ave

Archer Atkinson M.D.,
Medical Attendant.

Address, 65 N. Charles St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96619 *Office of Registrar of Vital Statistics.* Ward 9 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 2/12 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Y years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Heart Failure

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cem

Date of Burial, December 11th 1886

Undertaker, Evans and Spence

Place of Business, 1000 E Balto St

William Glenn M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96620 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Guenther

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housemaid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 96 Fort Ave.

Cause of Death, First (Primary), Emphysema of lungs

Second (Immediate), Asphyxia.

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Dec. 12

Undertaker, B. McCabe

Place of Business, 82 West St. *Address,* 610 Thorpe St.

Wm Gombel (M.D.)

~~Dr. Wm Gombel~~ ~~M. D.~~

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9662 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Price.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81. *Years,* 5 *Months,* 6 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Cutler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 80 Yrs

Place of Death, {Give Street and Number.} 76 Druid Hill Ave,

Cause of Death, First (Primary), General Debility.

Second (Immediate), Old Age.

Duration of Last Sickness, Has been declining for years.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 15th 1886

Undertaker, Ernest Schoen

Place of Business, 189 Stiles St. *Address,* 273 Lexington St.

Chas. L. Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the blanks as below, and to list of Diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 96624 — *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 11 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Chieff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Select Same

Cause of Death, First (Primary), Febroid Pleurisy

Second (Immediate), Asthenia

Duration of Last Sickness, About two (2) yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Dec 12th 1886

Undertaker, Saml W Chase

Place of Business, 64 S. Howard St *Address,*

J. P. Holt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 96623 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 11 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 126 Pierce St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Saml H Shaw

Place of Business, 64 S Howard St *Address,* 763 N. Eutaw St

C W Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96624 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1886

B

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Miller & John Johnson (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 Hours ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 129 Sterling st

Cause of Death, First (Primary), 7 Months

Second (Immediate), Premature Birth

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Dec 14th 1886

Undertaker, W W Madden

Place of Business, 46 East st

James A Steuart M. D.

~~Medical Attendant.~~

Address, Surg 16 st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McKeown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 96625 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter P. Fitzpatrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Priest

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington City, D.C.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} Loyola College Cor Calvert & Madison Sts

Cause of Death, First (Primary), Malarial fever nervous exhaustion from over work.

Second (Immediate), Heart failure — paralysis of the heart

Duration of Last Sickness, nearly four weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Md

Date of Burial, Dec 13th 1886

Undertaker, Hoffman & Son

Place of Business, Park & Saratoga *Address,* 118 Franklin St.

John Morris M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4457 Hansel

Health Department, City of Baltimore.

Permit No. 96626 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis W Clayton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 7 Ploughman St

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 1916 Granby St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12 December 1886

Undertaker, W. J. Schaffer

Place of Business, 5. S. Front St

D. J. Maguire M. D.
Medical Attendant.

Address, 11 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96627 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James French

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} H. May St ct

Cause of Death, First (Primary), ...

Second (Immediate), Haematuria

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 12 1886

Undertaker, Wilson N Burgee

Place of Business, 150 East St

Wm N. Hill M. D.

Medical Attendant.

Address, 1438 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96628 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lonesome

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 27 S. Caroline St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, about 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12

Undertaker, John E Grace

Place of Business, 213 S. Caroline St *Address,* 137 Aliceanna St

J. Lyst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 96679 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hilderbrandt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Franklin Marriott

Age, ... *Years,* ..... *Months,* One *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 416 N Gilmor St

Cause of Death, {First (Primary) Imperfect development of Heart
Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, Dec 11th 1886

Undertaker, Armsberg & Denny

Place of Business, 263 Light *Address,* 220 N Gilmor St

W W Wright *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 76630 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Obaac Webster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 35 Stockholm St

Cause of Death, First (Primary), Natural

Second (Immediate), Consumption

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Dec 12 1880

Undertaker, Henderson & Co

Place of Business, 95 Eutaw St *Address,* 405 W Lombard St

F. R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 9663 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph John Karlinsmke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 O. Washington Av.

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate), Meningitis

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, L. M. Cemetery

Date of Burial, Dec 12

Undertaker, W. Boyd

Place of Business, 147 S. Bond

H. A. Luck M. D.
Medical Attendant.

Address, 2000 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96632 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Barklie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and Number.} 1412 Bolton st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Cerebral Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park

Date of Burial, Sunday 12th

Undertaker, H. W. Hankins

Place of Business, Park Saratoga st

Caleb Winslow M. D.,
Medical Attendant.

Address 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 96633. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C Kassatelle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —— ✓ ——

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5C Cor Payson & Mechanic

Cause of Death, First (Primary), Diphtheria (Laryngeal)

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 13 at 1886

Undertaker, John P. Paulus

Place of Business, 416 Pratt St. *Address,* 319 Hollins

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9434 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE.

Date of Death, Dec. 12/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Boone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 603 Fremont St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Clark Street

Date of Burial, Dec 13

Undertaker, Carroll F. Handy

Place of Business, 198 West St

Julius Hall M. D.
Medical Attendant.

Address, South Dickinson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96635 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE

Date of Death, Dec 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Gleff.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color,

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 93 Holliday St

Cause of Death, First (Primary), Chronic Rheumatism,

Second (Immediate), I suppose Cardiac trouble

Duration of Last Sickness, Did very suddenly

All the above information should be furnished by the Physician.

Place of Burial, Glendale Cemetery

Date of Burial, Dec 13th 1886

Undertaker, Henry W. Mears

Place of Business, 413 E Fayette St *Address,*

Chas. E. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9463 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Scally

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months.* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} # 32 Richmond St

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate), Old Age & Exhaustion

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 13th 1886

Undertaker, Henry W. Mears

Place of Business, # 413 E. Fayette St *Address,* E. of Cathedral

C B Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9663 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decemb. 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Amendt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 819 Bond

Cause of Death, First (Primary), Ery. & pelas Gangren.

Second (Immediate), Septic emia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co.

Date of Burial, Dec. 12th 86

Undertaker, Wm. G. Dull & Son

Place of Business, 746 Columbia *Address,* 949 Madison ave.

Hillmantz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 188

Permit No. 76638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Lammond

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 34 St Peter St

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption of the Bowels

Duration of last Sickness, Has been suffering Seventy 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 13th 1886

W. H. Hammond M. D.
Medical Attendant.

Undertaker, Stewart Mowen

Place of Business, 35 Park Ave *Address,* 210 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 42]

The Special Attention of Physicians is respectfully invited to the remarks below, and to case of Diseases on the...

Health Department, City of Baltimore.

Permit No. 76639 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

DEC 13 1886 BALTIMORE.

Date of Death, Dec. 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Oliver.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give Street and Number.} 65 Holland St.

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Dec 13th /86

Undertaker, H McGuinness

Place of Business, 8 N Central ave

J W Chambers M. D.
Medical Attendant.

Address, 133 N Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96649 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1886 BALTIMORE

Date of Death, Dec 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Widow

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give Street and Number.} 175 Baltimore

Cause of Death, First (Primary),

Second (Immediate), Cirrhosis of Liver

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 14th

Undertaker, Geo Schilling

Place of Business, Holland & Gay *Address,* 518 E Baltimore

Richard Cox & Co M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Murphy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, dont know from Ruler 55 Yrs *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook & housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 37 Yrs

Place of Death, {Give street and number.} 133 N High St (old No)

Cause of Death, First (Primary,) Effusion of the Brain & Neglecting Eating Food of

Second (Immediate,) patient Laughers

Duration of Last Sickness, 4 days Subject to Epileptic presm died in a fit as was found dead laying on floor

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 13 1886

Richd Sappington M. D.
Medical Attendant.

Undertaker, Jas O'Byrne

Place of Business, 302 N Bway

Address 132 N Gay St old No

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 96642 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Maddux

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, / *Years,* 57 *Months,* / *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Plum alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 13

Undertaker, H Ross

Place of Business, Boundary St

W. L. Booze M. D.
Medical Attendant.

Address, 177 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96643 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Burton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, Mulatto

Married, Single, ~~Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Cutting

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give Street and Number.} 4 Pearl st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 or 10 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 13th 1886

Undertaker, A. F. Byrne

Place of Business, ... *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96644 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delaware A Gross.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 40 St Mary St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Asthma

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 14th 86

Undertaker, Alex Kennedy

Place of Business, 561 Orchard

D. Miller, M. D.
Medical Attendant.

Address, 639 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96645 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Truman Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, Cd

Married, ~~*Single, Widow or Widower,*~~ {Cross out three words not required in this line.} ✓

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} born all my Life

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} Vincent ally near Calhoun

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Paralysis

Duration of Last Sickness, ?

All the above information should be furnished by the Physician.

Place of Burial, Sharpt

Date of Burial, Dec 13th 1886 G. W. Stonn M. D.

Medical Attendant.

Undertaker, Chas Hemsley

Place of Business, 561 Archard *Address,* 193 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96646 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12/11/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Marg. Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Col

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} X

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 910 Stone Alley

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Rupture

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 13th 1886

Undertaker, Alex Hendley

Place of Business, 561 Orchard

G. A. Fleming M. D.
Medical Attendant.

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96647 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 11/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 289 E. Eutaw St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Dec 13th 1886

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 909 E. Eutaw St.

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96648 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Elizabeth Fullencamp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 10 *Days* 20

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Parish St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Complicated with Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Dec 14th 1886

Undertaker, Jos B Beck

Place of Business, No 1003 E Baltimore St

L. D. Morris M. D.
Medical Attendant.

Address, 1209 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis[eases] back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96649 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Oldham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 192 Columbia Avenue

Cause of Death, First (Primary),

Second (Immediate), Ulceration of Bowels

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 14th 1886

Undertaker, Wm J. Mackey

Place of Business, 150 Camden St.

D. P. Hoffman M. D.
Medical Attendant.

(old number 99)

Address, 299 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9650 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Love

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Caecil County Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give Street and Number.} 176 S Paca St (O N)

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 13th 1886

Undertaker, John S. Mucher

Place of Business, 150 Cam. ave

J H Gurney M. D.
Medical Attendant.

Address, 76 S Paca St (O N)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96657 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Williamson.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City. V

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 278 Cross St.

Cause of Death, First (Primary),

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden park cem

Date of Burial, Dec 14th 1886

Undertaker, Julius Kochler

Place of Business, Sharp & Cross *Address,* 152 Sharp St.

R. J. H. Lacy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96652 *Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Bender

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 4 *Years,* 1 *Months,* ——— *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or County and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 507 West Pt

Cause of Death, First, (Primary.) abscess of Jaw bone

Second, (Immediate.) Septicemia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem Trappe Road

Date of Burial, Dec 13th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 910 Cathedral St

R. Tu. Belt. *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96653 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Dec. 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Keegan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart Failure

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 13. 1886

Undertaker, Jno P Byrne

Place of Business, Front St

William T. Gardner M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96657 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Dec. 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fothelmina Maurer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required ~~in this~~ line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Widow

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 15 East Market Place

Cause of Death, First (Primary), Inflamation of bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 14/86

Undertaker, Michael Funk

Place of Business, 35 Bank St *Address,* 245 E Baltimore St

J Starkes M D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96655 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 13 86
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Cullerin

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Colrd.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co md.

Duration of Residence in the City of Baltimore, 3 month

Place of Death, {Give Street and Number.} 2 Russels Terrace

Cause of Death, First (Primary), Bronchitis

Second (Immediate), ~

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Dec 13th 1886

Undertaker, Phillips Foster

Place of Business, Russels Terrace *Address,* 807 Arlington av

J Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4459 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 96656 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Moore

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Liquor - Dealer

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give Street and Number.} 289 E. Lombard

Cause of Death, First (Primary), Pyaemia

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, December 14/86

Undertaker, Michael Purdy

Place of Business, 35 S Bond *Address,* 245 E. Baltimore St.

C. Gaither M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Anna Lindeman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 10 Jackson Pl.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, About 16 days

All the above information should be furnished by the Physician.

Place of Burial, Greenden Park Co

Date of Burial, Dec. 15th at 2 P.M. Chas. B. Kidd, M. D.

Medical Attendant.

Undertaker, Wm. Schmidt & Son

Place of Business, 263 265 Eager St *Address,* 867 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96658 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Curley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 157 Eastern Ave

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Asphyxia

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 13th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 101 N Broadway

C. Hall Ruddy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96657 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Supposed to be murphy

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, .. *Years,* Supposed to be two weeks *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} Found at 243 Pollington Ave

Cause of Death, First (Primary), "

Second (Immediate), "

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 13th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address.* 101 N Broadway

Coroner ~~Medical Attendant.~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96660 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 35 Goodmans alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 14th 1886

Undertaker, Ernst Schlosman

Place of Business, 623 S. Sharp St *Address,* 518 Adams

Theodore Bode M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96661 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Loben

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 5 *Years,* 9 *Months,* 13 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 172 Peirce St.

Cause of Death, First (Primary), Nephritis

Second (Immediate), "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec. 14

Undertaker Walter Immel

Place of Business, 315 W. Biddle

H. Christian M. D.
Medical Attendant.

Address, 1521 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96664 — *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Fogler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all ways

Place of Death, {Give Street and Number.} 1st - 105 (Rear) N. Dallas n

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, 13th Dec 1886

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St *Address,* 125 N Eden st

L. D. Wintermeyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9663 *Office of Registrar of Vital Statistics.* **Ward** 10 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12. 11. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. T. Neill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} 280 (old No) Shealey St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, few months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Dec. 13th 1886

Undertaker F. Louis Schaefer

Place of Business, 109 N. Fremont St. *Address,* 849 Lexington St

Edwd. M. Eastman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special ATTENTION of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96664 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 12th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McCann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland — 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Lympho Sarcoma of neck

Second (Immediate), Exhaustion

Duration of Last Sickness, Sixteen months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Dec 14th

Undertaker, B. Ward

Place of Business, 82 West St *Address,*

C. W. Mitchell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 96665 *Office of Registrar of Vital Statistics.* Ward 17.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec" 12" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richardson Starr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 423. Cross St

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Batte Cem

Date of Burial, Dec 13" 1886

Undertaker, B. Hauer.

Place of Business, Alst St

M. D.

Address, Comm" of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76666 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana C. Buddenbrun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* 13 *Days*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1022 N Dallas St

Cause of Death, First (Primary), Acute Bright Disease

Second (Immediate), Uraemia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Dec 13th 1886

Undertaker, Fred Gaede

Place of Business, 29 S Caroline st *Address,*

Geo Lurman M. D.
Medical Attendant.

Eager Corner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96667 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1886. Prob.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* 1 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Ostend near Bayard st

Cause of Death, First (Primary), Pneumonia double

Second (Immediate), Prostration

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, 13 Dec 1886

C. L. Buddenbaum M. D.
Medical Attendant.

Undertaker, Bernard Wade

Place of Business, # 92 West Fayette *Address,* 166 Ostend Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 96668

Office of Registrar of Vital Statistics.

Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 13 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 118 *Years,* Last Xmas *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dealeville Maryland

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} 61 Williamson St

Cause of Death, First (Primary), Extreme Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 13th 1886

Undertaker, H. Ross

Place of Business,

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96669 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, 12 th Dec 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Boyman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 38 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 21 E. Schroeder

Cause of Death, First (Primary), ~~Pneumonia~~

Second (Immediate), Pneumonia

Duration of Last Sickness, A week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 14

Undertaker, Jos H B Coth

Place of Business, 1003 W Baltimore

F. T. Bowen M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96670

Office of Registrar of Vital Statistics.

Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Mully

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 50 ? *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Bookbinder (?)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Ch Hospital

Cause of Death, First (Primary), Aneurism of Aorta, - bursting

Second (Immediate), Hemorrhage

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Dec 13 - 86

Undertaker, Jacob Ahrens & Co

Place of Business, 626 N. Balto St

Henry Fruncard M. D.
Medical Attendant.

Address, Ch Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9667 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Cook -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 168 Mulberry St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec. 13-1886

Undertaker, W. W. Madden

Place of Business, 76 Eash St

J. J. Gr[illegible] M. D.
Medical Attendant.

Address, 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96672 *Office of Registrar of Vital Statistics.* Ward 5 cr 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. M. Sapp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 608 Aisquith St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Conn.

Date of Burial, Dec 14. 1886.

Undertaker, Wm. H. Hirsman.

Place of Business, 234 E. Gay. *Address,* 722 Aisquith St.

A. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9673 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Rusk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} new # 709 S. Bond St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 8 wks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 15th 1886

Undertaker, H Dipkee

Place of Business, S. Bond St.

John H. Kelberger M. D.
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96674 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1003 E. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), & Hemorrhage

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 14/86

Undertaker, Wm S. Fry

Place of Business, 8 N Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, 1000 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96675 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Clarke

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Home

Cause of Death, {First (Primary),

Second (Immediate), Ileal- Hydrocephalus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 13

Undertaker, C. M. Blizzard

Place of Business, 1139 Pennsa Ave

Tho. S. Latimer M. D.
Medical Attendant

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96676 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Waidner
Waidner

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child Home

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Atelectasis.

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 13

Undertaker, C. H. Blizzard

Place of Business, 1139 Pine

Tho. S. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96677 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is respo[illegible] the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial wi[illegible] death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 14 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Henry Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 4 *Years,* 8 *Months,* *Days*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 613 Eutaw St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 14 1886

Undertaker, William V Dorsey

Place of Business, 150 East St

J H Buckler M. D.
Medical Attendant.

Address, 901 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96678 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A. Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 48 E. Eager st

Cause of Death, First (Primary), Cerebro Meningitis

Second (Immediate), Convulsions 9 Hours

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Dec 13th 1886

Undertaker, William Burger

Place of Business, 150 East St

J. S. Gorsuch M. D.

Medical Attendant.

Address, Eager and Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

Permit No. 96679

The Physician who attended any person in a last illness is required to fill up the present blank Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, DEC 14 1886 BALTIMORE, MD.

B

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12, 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry L. Taylor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* M.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } S. E. Cor. Caltyard & Madison Ave

Cause of Death, First (Primary,) Fibroid Phthisis & Bright's

Second (Immediate,) Disease (Kidney)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Dec 14th 1886

W. T. Howard M. D.
Medical Attendant.

Undertaker, New England Home

Place of Business, Park & Saratoga *Address* 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96680 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, December 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Snyder

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

Age, — *Years,* — *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~ ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 61 Harrison St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 61 Harrison St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cy

Date of Burial, Dec 14 1886

Undertaker, Jas. P Byrne

Place of Business 302 W Gay

J E Crowell M. D.
Medical Attendant.

Address, Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 96681

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

BOARD OF HEALTH DEC 14 1886 BALTIMORE, MD.

Permit No. 96681 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 12/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Oberlender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 years in U.S.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 67 N Mall St

Cause of Death, First (Primary), Remit Fever

Second (Immediate), Bronchitis

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem.

Date of Burial, Dec 14 1886.

Undertaker, John Heisinger J. H. Ostenberg M. D.

Medical Attendant.

Place of Business, 382 Orleans *Address,* 1810 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96684 *Office of Registrar o[illegible]* Ward 12

The Physician who attended any person in a last illness, is responsible for the p[illegible] Certificate, *accurately filled out*, to the Undertaker or other person superintending the buria[illegible] within [illegible] *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtain[illegible] without Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eloyd A. Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 21 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1107 Division St

Cause of Death, First (Primary), Chronic Atrophy

Second (Immediate),

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 14th 1886

Undertaker, Allen Heaps Bro

Place of Business, 508 Hanover Address, 615 Eutaw St

J. E. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96683 *Office of Registrar of* [illegible] Ward 8th

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Coffay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 29 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give Street and Number.} Maryland ave + Oliver St

Cause of Death, First (Primary), Ignition

Second (Immediate), Ignition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 14th 1886

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw St *Address,* 1218 ~~Eutaw~~ Madison Ave

P. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76684 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Creager

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 108 Randall St.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 14 1886

Undertaker, Burnard Wade

Place of Business, 82 West Pratt St

Robert S. Lowe M. D.
Medical Attendant.

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96685 *Office of Registrar of Vi[illegible]* Ward 17

The Physician who attended any person in a last illness, is responsible f[illegible]entation of thi[illegible]te, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after [illegible] of [illegible]ceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 14 1896
BALTIMORE MD.

CERTIFICATE OF [illegible].

Date of Death, Dec 12 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Miller.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 1½ yrs.

Place of Death, {Give Street and Number.} 791 Hanover St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 15th 1896

Undertaker, Bernard Forle

Place of Business, 82 West St

R H P Ellis M. D.
Medical Attendant.

Address, 715 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96686 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the prese[illegible] this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, with[illegible] *twenty-four* [illegible] after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Medical Certificate.

HEALTH DEPT. DEC 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herbst Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *German* Servant

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Catonsville Balto Co

Duration of Residence in the City of Baltimore, Frederick Ave 2 or 3 Months

Place of Death, {Give Street and Number.} Pratt St 2209

Cause of Death, First (Primary), Heart Affection

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 15th 1886

Undertaker, Jno P. Poulton

Place of Business, 66 Fred'k *Address,*

L. Lehmann *M. D.*
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9687 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 2 mon's *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 419 Holland St

Cause of Death, First (Primary), Atelectasis of Pulmonum

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cemetery

Date of Burial, December 14, 1886

Undertaker, Henry Hoerle

Place of Business, 304 Park Ave *Address,* 1022

Holland M. D.
Medical Attendant.

Address, 419 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96688 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Gridley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, ~~Single~~, Widow ~~or~~ Widower, {Cross out the words not required in this line.} Widow

Occupation, None

J

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 58 Years

Place of Death, {Give Street and Number.} old 219 new 427 N. Eden St

Cause of Death, First (Primary),

Second (Immediate), Hypertrophy of the Heart

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15th

Undertaker, Geo Schulting

Place of Business, Ashland Sq *Address,* 13 Orleans St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96689 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Heinrich Schaifele

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 1008 W Bond St

Cause of Death, First (Primary), Pleuritic Emphysema

Second (Immediate), Asphyxia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16th

Undertaker, Geo Schilling

Place of Business, Ashland Square Address, Eager & Pulaski Sts

C. W. Flercer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96691 *Office of Registrar of Vital Statistics* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Knell.

~~Sex.~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Entire Test,

Second (Immediate), Anaemia

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 14th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office

J. B. Emmad M. D.
Medical Attendant.

Address, 210 Marine Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96691 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Swansburg

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1208 Hollins ave

Cause of Death, First (Primary), Diphtheria (

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14th 1886

Undertaker, Wm M. Leonard & Son

Place of Business, 782 W. Balto *Address,*

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96694 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary), ...

Second (Immediate), Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 15th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office

Thos J. Ward M. D.
Medical Attendant.

Address, New No 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96693 Office of Registrar of Vital Statistics Ward 10 4/4

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Frederick Tuckson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 12 Welsh Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate) Bronchitis

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 14th 1886

Undertaker Wm A. Dungee

Place of Business, 62 East St

A K Bond M. D.
Medical Attendant.

Address, Dispens of Womens Colly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *'And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96694 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bevan Amsden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1713 Eutaw Street

Cause of Death, First (Primary), Pneumonia Fever

Second (Immediate), Pulmonary congestion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greene Mount

Date of Burial, Dec 15th 1886

Undertaker, Stewart & Mewes

Place of Business, 36 Park Ave & 111 Royal Av Bowdoin *Address,* 59 Cathedral

C. B. Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96695 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE, MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V. Hart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty seven *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1712 Bolton St.

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Apnoea

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 15th 1886

Undertaker, Stewart & Mooney

Place of Business, 35 Park Ave Boundary and Rapid ave

W. E. Lancey & Barclay M. D.
Medical Attendant.

Address, 1818 Eutaw Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96696 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Bowitch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White. -

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — — — Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia. —

Duration of Residence in the City of Baltimore, 32 yrs. —

Place of Death, {Give Street and Number.} 245 old No. S. Charles. -

Cause of Death, First (Primary), Senile Debility. -

Second (Immediate),

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Hills Point Hebrew Congregation

Date of Burial, Dec 15th -86

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St

Geo A Strauss M. D.
Medical Attendant.

Address, 9 E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9697 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Rynehart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Kingsmen~~ Cumberland Md

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, {Give Street and Number.} 212 Dolphin St

Cause of Death, First (Primary), Childbirth

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 14th 1886

Undertaker, Armstrong & Dery

Place of Business, 263 Light St

H. B. Browne M. D.
Medical Attendant.

Address, 1218 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 96698 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proof of this Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give Street and Number.} Pig Alley ~~#~~ 3

Cause of Death, First (Primary), Wounds inflicted on Skull

Second (Immediate), & heart - by John Thomas Ross & Albert Hawkins Col -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Dec 14th 1886

Undertaker, Fred. Kerchner

Place of Business, Health Office *Address,*

L. L. Sparrow M. D.

~~Medical Attendant.~~ Coroner--

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex. age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96699 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

24

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Jennie Price. Father —

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 1 hour *Months,* — *Days.*

Color, B Lucb

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternity, 113 & 115 W. Lombard St

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} Maternity, 113 & 115 W. Lombard St.

Cause of Death, First (Primary), Premature Birth,

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Removed for

Date of Burial, Entombment

Undertaker, Funeral

Place of Business,

L. F. Cookson M. D.
Medical Attendant.

Address, 113 & 115 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9700 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin McDonnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ... since birth

Place of Death, {Give Street and Number.} No. 526 S Bethel

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec 14th 1886

Undertaker, M. A. Daigwalty ... *M. D.*

Medical Attendant.

Place of Business, 74 S. Broadway *Address,* ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9670/ *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1886

CERTIFICATE OF DEATH.

Date of Death, Dec 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C Herge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1722 E Balto St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 16th 1886

Undertaker, Ph. J. Dill & Son

Place of Business, 746 Columbia Ave *Address,* 1419 Hollins St

Jno. Boaley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 96702 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Stonesifer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Union Bridge Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 1122/69 Barclay St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Westminister Carroll Co Md

Date of Burial, Dec 15th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Gunmit

Thos Buckler Boyle M. D.
Medical Attendant.

Address, 1001 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4461 Fansil

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96703 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 14 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gregory

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 7 *Months,* 8 *Days.*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 52 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 328 S. Eden St.

Cause of Death, First (Primary), Uterine Cancer

Second (Immediate), Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Mathews Cem

Date of Burial, Dec'br 14th 1886

Undertaker, H. Sander & Son

Place of Business, New Nos. 1708 & 1710 Eastern Ave. *Address,* 124 S. Broadway

E. P. Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96704 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE

CERTIFICATE OF DEATH. B

Date of Death, Dec. 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Hagg

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, 77 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~ V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 1205 N. Eden st.

Cause of Death, First (Primary), Colliquative Diarrhoea

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Dec 14. 1886.

Undertaker, Wm. H. Hickman. Edwin B. Fenby M. D. Medical Attendant.

Place of Business, 234 E. Fay. *Address,* 1201 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96705 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH DEC 14 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Monday Dec. 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bowyer.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} 1002 Greenmont Ave

Cause of Death, First (Primary), Cerebral Apoplexy with Hemiplegia

Second (Immediate), Coma, Exhaustion

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. Md.

Date of Burial, Dec 15. 1886.

Undertaker, Wm. H. Heikman. *Medical Attendant,* Wilmer Brinton M. D.

Place of Business, 2340 E. Pa. *Address,* Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 96706 *Office of Registrar of Vital Statistics* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 16

No Permit for Burial can be Obtained

B

CERTIFICATE OF DEATH.

Date of Death, December 14th 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Hennessy

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, Hotel Keeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give street and Number. } # 528 Lemmon St.

Cause of Death, First, (Primary,) Cerebral Hemorrhage.

Second, (Immediate) Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 15

Edwin Conlyn M. D.,
Medical Attendant.

Undertaker, Walter Smith

Place of Business, 315 W. Biddle *Address,* # 935 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96707 *Office of Registrar of Vital Statistics* Ward 32

The Physician who attended any person in a last illness, is respo[illegible] prescription of [illegible] certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 14 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retail Grocer Proprietor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 36 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S.W. Cor. Lombard and Bethel

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17 86

Undertaker, Linde Schenk

Place of Business and Address, 1735 Aliceanna St

Medical Attendant. C. L. Bristow M. D.
97 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 96708 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Lizzie Boltman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 11 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 159 So. Fremont St

Cause of death, First, (Primary,) Chr. Rheumatic Endocarditis

Second, (Immediate,) Non-Oxygenation & Heart Failure

Duration of Last Sickness, This aggravation of Chr. Complaint Some 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 15" 86

Undertaker, Wm J. Tokner

Place of Business, 221 S Eutaw St *Address,* 425 Saratoga St

Robert McMillin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96709 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Mellon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Washington~~ D. C.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give Street and Number.} 1248 E. Balt. St.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Ex Lanstow

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 15 1886

Undertaker, James D Byrne

Place of Business, 1063 N Front St

G. G. Cook M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96710 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smiley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months.* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 11 Wilkens ave

Cause of Death, First (Primary), Hemorrhage (uterine)

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 16

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore *Address,* 319 Hollins Ave

James Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9671 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Warns

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 79 Years, Months, Days.

Color, white

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} (rear) 104 N. Chapel St

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 15th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 1727 E. Baltimore st

J. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96712 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kale

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} old # 284 S Dallas Pr

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Agnes as Cem

Date of Burial, December 15. 86

Undertaker, Wm Bros Rozwski

Place of Business, 25 & 27 Ann St *Address,* # 1709 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96713 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15

B

CERTIFICATE OF DEATH.

Date of Death, Dec 14 - '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. P. Holden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 70 S. Candler Ave

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inanition

Duration of Last Sickness, Lifetime -

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, December 15

Undertaker, Jos. H. Bond

Place of Business, 1003 Baltimore Ave

John Neff M. D.
Medical Attendant.

Address, 202 N. Candler Ave

Extract from Regulations of the Board of Health-to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the headings below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96714 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 15 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Zeigler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 702 Saratoga St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 16 86

Undertaker, J. B. Cook

Place of Business, [illegible] *Address,* 319 Saratoga St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96715 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 80 Oxford St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15. 86

Undertaker, Alex Hemsley

Place of Business, 1160 Orchard St *Address,* 1019 N. Hillsave

L. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26716 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. D. Peregoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Pump & Block maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 1513 E. Preston St.

Cause of Death, First (Primary), Cancer of Stomach, with Disease of

Second (Immediate), heart & lungs

Duration of Last Sickness. About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17

Undertaker, Geo. Schilling

Place of Business, Ashland Sq. *Address,* 1121 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9717 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy E Morris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, Nineteen (19) Years

Place of Death, {Give Street and Number.} 94 S Spring Street

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Lawn Cemetery

Date of Burial, Dec 15 - 1884

Undertaker, W W Maddox

Place of Business, 46 East Ave

C Hall Pullen M. D.
Medical Attendant.

Address 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96718 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give Street and Number.} 370 Light St.

Cause of Death, First (Primary), Change of Life

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Olyphant.

Date of Burial, Dec 15th

Undertaker, B. Hall

Place of Business, 42 West St

J. D. White M. D.
Medical Attendant.

Address. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96719 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC. 15 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Ryan.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 216 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Chronic Valvular Dis of Heart.

Duration of Last Sickness, Confined to House 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 15th

Undertaker, B. Hale

Place of Business, 8 W Att

R. J. N. Tall M. D.
Medical Attendant.

Address, 159 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96720 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Reus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} # 113 S. Charles st

Cause of Death, {First (Primary), Second (Immediate),} Old Age

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial H Glyndons c.

Date of Burial, Dec 16th

Undertaker, B. Wash

Place of Business, 82 west st

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 - 6th S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96721 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucin Mariner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* eight *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 120 William St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, ~~Dec 16~~ Dec 17

Undertaker, ~~Wm Yates~~

Place of Business, 71 West St

D. F. Phillips M. D.

Medical Attendant.

Address, 735 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to that of Section 2 on the Reverse Side.

Health Department, City of Baltimore.

Permit No. 96722 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Dec 15/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named {mary / Sigmund Stern} Parents

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* Eight *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 211 S Paca St

Cause of Death, First (Primary), convulsions

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Cemetery of Lloyd St

Date of Burial, Hebrew Cemeteries Dec 15 86

Undertaker, Dr Friedenwald

Place of Business. Eden St near Eastern

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 96713 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos McGlannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 184 Division St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 16th 1886

Undertaker, Henry E. Mears

Place of Business, #413 E. Fayette St *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96724 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 13 — 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Handelman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 88 Schmanly

Cause of Death, First (Primary), Meningitis Tubercular

Second (Immediate), ~~25 days~~

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Dec 15

Undertaker, Jacob Ahrens

Place of Business, 748 W Balto St *Address,* 4 S. Exeter

F. Gilmyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96725 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 13th December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L Pemfleton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Worke

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md.

Duration of Residence in the City of Baltimore, 15. Years

Place of Death, {Give Street and Number.} 304. S. Howard Str.

Cause of Death, First (Primary), Malarial and Subercular Phthisis

Second (Immediate), Pleuropneumonia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Leals Island

Date of Burial, 16th December

Undertaker, Hercules Ross

Place of Business, No 95 Conway Str *Address,* 224 Shiel Str.

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4463 Fransel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96726 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH

Date of Death, Dec 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terrence McCabe

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 120 N Eutaw St

Cause of Death, First (Primary), Acute Nephritis,

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 15-1886

Undertaker, Jas P Byrne

Place of Business, Front of

J. A. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96727 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Ludwig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 232 N. Durham St.

Cause of Death, First (Primary), Membranous Laryngitis

Second (Immediate),

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, St Johnsons Ci

Date of Burial, Dec 16 86

Undertaker, Frank Cash.

Place of Business, 219 N. Durham St *Address,* 1101 N Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96728 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1017 Peach alley

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 15 1886

Undertaker, S W Shaw

Place of Business, 198 Thurmont

L. Du Hare *M. D.*
Medical Attendant.

Address, 1019 Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96729 *Office of Registrar of Vital Statistics.* Ward 9 C' 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen E. Stebbins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 307 Courtland St

Cause of Death, First (Primary), Cirrhosis of the Liver

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 17th 1886

Undertaker, Evans & Spence

Place of Business, 1001 E. Balto St

L. H. Thomas, M. D.
Medical Attendant.

Address, 66. E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96730 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Levi

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, General Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), Typhoid fever 2.

Second (Immediate), Congestion of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Dec 16th 1886

Undertaker, Evans & Spence

Place of Business, 100 E Balto St *Address,* 88 N Eutaw Street

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96731 *Office of Registrar of Vital Statistics.* Ward 12 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonore M Hogge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 3 Mos

Place of Death, {Give Street and Number.} 35 Bloom St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Heart failure

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park Cemetery

Date of Burial, Dec 16

Undertaker, Jos M B Cook

Place of Business, 1003 Baltimore

Chas E Smith M. D.
Medical Attendant.

Address, 56 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96732 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Dec 13 / 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Peacock.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 35 Chappel

Cause of Death, First (Primary), Acute Laryngitis *

Second (Immediate), Asphyxia

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

* this child swallowed some Scalding hot tea from the tea pot and the above inflamation caused death

Place of Burial, Baltimore

Date of Burial, Dec 16th 1896

Undertaker, H. Fink & Son

Place of Business, 116 N Gay

F. J. Symns M. D.
Medical Attendant.

Address, 804 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96733 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Willis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* four *Months,* seven *Days*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} No 9 Parsle Alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 16 1886

Undertaker, Wilcinson & Dungee

Place of Business, 150 East St

N. W. Wright M. D.
Medical Attendant.

Address, 226 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96734 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 69 (old no) E. Baltimore St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia &c.

Duration of Last Sickness, Abt five weeks

All the above information should be furnished by the Physician.

Place of Burial, Bounty Cemy

Date of Burial, Dec. 17/86

Undertaker, Michael Funk

Place of Business, 35 Bank St *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96735 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Foxwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 3018 Hudson St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Do

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem.

Date of Burial, Dec. 18 '86

Undertaker, G. France

Place of Business, Davis & Wolf *Address,* 20 E.

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96730 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Koss (Kloos)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 1 *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give Street and Number.} 303 S Durham St.

Cause of Death, First (Primary), ...

Second (Immediate), Chronic Phthisis

Duration of Last Sickness, Several years from what I can learn.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec. 16th 86

Undertaker, E. France

Place of Business, Janes & Wolfe Sts. *Address,* 508 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96137 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 15/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara M. Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 115 N Washington St.

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Dec 17 '86

Undertaker, G. Frank

Place of Business, Jones & Hall's

J. H. Collenberg M. D.
Medical Attendant.

Address, 1810 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96738 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec 15/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. C. Fleury (Infant)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 2 *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Lemmon st Lemon

Cause of Death, First (Primary),

Second (Immediate), Marasmus.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec. 16th 86

Undertaker, G. Trance

Place of Business, 19 Bank & Wolfe Sts

A. L. Green M. D.
Medical Attendant.

Address, 38 N. Amberst

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96739 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Strong

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} no 8 Rocks

Cause of Death, First (Primary),

Second (Immediate), Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec, 17th 86

Undertaker, M Cadigan

Place of Business, 227 Middle *Address,* 279 east Fayette

Dr P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96740 *Office of Registrar of Vital Statistics.* Ward 2 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16 — 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1714 E Caroline St

Cause of Death, First (Primary), Bronchitis Acute

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec. 16th

Undertaker, John E Grace

Place of Business, 313 E. Caroline St *Address,* 101 E Lombard

E J Sinclair M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96741 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 9. 57 Frankford St

Cause of Death, First (Primary), Senility & Stomach & Heart

Second (Immediate), Heart failure from Old Age

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennon

Date of Burial, Dec 18th 1886

Undertaker, Newgent in Hom

Place of Business, Park & Saratoga *Address,* 93 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96142 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 wks.

Place of Death, {Give Street and Number.} 511 E. Chase St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Decbr 16th

Undertaker, Evans & Spence

Place of Business, 1000 E. Balto. *Address,* 1131 & 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98743 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta M. Bauman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 223 Madison St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy - Cough

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 17th 1886

Undertaker, Wm. Sander & Son

New Nos. 1708 & 1710 *Place of Business,* Canton Ave *Address,*

A. B. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 6744 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15 - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Richter.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Congestion of Brain.

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, New Death Ground

Date of Burial, Dec 16. 1886

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker, John Masterson

Place of Business, Division St. *Address,* Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96745 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 2 *Months,* ~~[illegible]~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~[illegible]~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex -

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 16 Dec.

Undertaker, John Masterson

Place of Business, Division

F. J. Flannery *M. D.*
Medical Attendant.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26780 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Myer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give Street and Number.} New No 936 Hanover St.

Cause of Death, First (Primary), Enlargement of Heart.

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, 17 Dec / 86.

Undertaker, G Frame

Place of Business, Baker & Wolfe Sts

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

74

Date of Death, Dec 12, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Clegg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 (?) *Years,* — *Months,* — *Days.* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, Not Known

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Fractured Skull

Second (Immediate), Hæmorrhage

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, E. Public Gen

Date of Burial, Dec 15 1886

Undertaker, George - Rinehart

Place of Business, Health Office

W. T. Gardner M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9648 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Geiger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 Years, *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1817 E. Balt St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ex Laparotomy

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19-1886

Undertaker, Henry K. Mears

Place of Business, #413 E. Fayette St

H. C. Lusk M. D.
Medical Attendant.

Address, 1000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis... on Back of this ...

Health Department, City of Baltimore.

Permit No. 9674 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Norris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 185 N. Exeter

Cause of Death, First (Primary), Cystitis, Ascites of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary Woodbury

Date of Burial, Dec 17 1886

Undertaker, Wm J. Schaffer

Place of Business, 5 S. Front St *Address,* 208 Aisquith St

Edward P. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96750 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rose

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 637 Hanover Street

Cause of Death, First (Primary), Stricture of Oesophagus

Second (Immediate),

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 19

Undertaker, B. McCarty

Place of Business, #82 West St.

O. A. Cooke M. D.
Medical Attendant.

Address, 184 Fort Ave

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from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9675 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Contractor~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 635 Fort Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 17 1886

Undertaker, Leonard Wade

Place of Business, 82 West St

Signed Otto M. D.
Medical Attendant.

Address, 518 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96752 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. England

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 1807 Light

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 19th 96

Undertaker, Wm. J. Tickner

Place of Business, 221 S. Eutaw St *Address,* 104 Foot Av

Oct. broke

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96753 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Haynes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1016 Low st.

Cause of Death, First (Primary), Caries of Spine & Phthisis [Pulmonalis

Second (Immediate),

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 17th 1886

Undertaker, William N Dugee

Place of Business, 150 East St

Edwin B. Fenby, M. D.
Medical Attendant.

Address, 1201 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96754 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Frances Bacon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, Blk.

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} Cor. Carey & Chappell Ally

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Dec. 18th 1886.

Undertaker, F. Lewis & Chester

Place of Business, 109 W. Fremont St. *Address,* Postman Station K

W. J. Chappell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26753 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia B. Faulk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 8 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Indiana

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} #1620 N. Calvert St

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate), Asthenia

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Richmond, Ind.

Date of Burial, Dec 19th 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw *Address,* Cor Calvert & Lanvale Sts

George L. Staley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4466 Transit

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96756 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fallon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hostler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 7-19 N Eighth St

Cause of Death, First (Primary), —

Second (Immediate), Asthma

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Dec 17 1886

Undertaker, Jas F Byrne

Place of Business, Front st

James A Steuart M. D.

Medical Attendant

Address, Eutaw & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

P. F. Fitzpatrick Sanitary Inspector

...o Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96757 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Saylor.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 31 *Years,* 1 *Months,* 21 *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} 225 N Gilmor St.

Cause of Death, First (Primary), Bright's Disease.

Second (Immediate), Endocarditis, With Dyspnea.

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Dec 18

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore *Address,* 505 N Carrollton Av 1003

John D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26758 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Dec. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Schaefer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} New # 803 S. Bethel St

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Paralysis (Left side)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, December 19th 1886

Undertaker, Leonhard Fuhr

Place of Business, 1277 S. Bond Street *Address.* #1709 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 96759 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* XX *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 490 Saratoga Street

Cause of Death,
First (Primary), Senile degeneration
Second (Immediate), Paralysis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial Sunday Dec 19th 1886

Undertaker Denny & Mitchell

Place of Business, 516 W. Fayette St

Mabury Brewer M. D.
Medical Attendant.

Address, 1021 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 26760 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Grimes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 (about) *Years,* *Months,* *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Chambermaid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dalis St. Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #10 Old & 12 New Hennings Court

Cause of Death, First (Primary), Consumption (acquired)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 to 4 Months about

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 18th.

Undertaker, John E. Grace

Place of Business, 813 S. Caroline St. *Address,* 1678 1902 Bank St

H. H. Ford *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96761 *Office of Register of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 15, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Colfox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Whitewasher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ill.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 132 Sterling St

Cause of Death, First (Primary), Abscess

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 17-1886

Undertaker, H W Madden

Place of Business, 46 East Pk

William S. Gardner M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 96762. *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Frankel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} Balto University Hosp

Cause of Death, First (Primary), Tumor of Spinal Cord

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 18/86

Undertaker Michael Purdy

Place of Business, 33 Bond St *Address,* 812 E Balto St

C. H. Hofman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Di[illegible] back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96763 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Simmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give Street and Number.} # 8 Lowson St. Locust Point

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 18th 1886

Undertaker, H. Sander's Son

Place of Business, 1908 & 1910 Eastern Ave. *Address,* # 1709 Alice Anne

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 9676 4 *Office of Registrar of Vital Statistics.* Ward 13 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Body found Dec 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Known

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not Known

Occupation, unKnown

Birth Place, {State or country, and how long in the United States, if of foreign birth.} unKnown

Duration of Residence in the City of Baltimore, unKnown

Place of Death, {Give Street and Number.} Kauffman's Stables N. W. Corner Paca & Pratt Sts

Cause of Death, First (Primary), Supposed intemperance & exposure.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Dec 17 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,*

L. G. Sparrow M. D.

Medical ~~Attendant~~.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96765 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Dec 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fells Penna

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 9 Chestnut St

Cause of Death, First (Primary),

Second (Immediate), Consumption Lungs

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, Dec 19 1886

Undertaker, William N Dorsey

Place of Business, 150 East St

Thomas A Shannon M. D.

Medical Attendant.

Address, Camp & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ep ly

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

A. D. Fitzpatrick

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96766 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Flynn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Stonecutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Albany N. Y.

Duration of Residence in the City of Baltimore, 2 mo.

Place of Death, {Give Street and Number.} Church Home Infirmary & Broadway

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, 4 1/2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Samuel Cem.

Date of Burial, Dec. 1886

Undertaker, M. A. Sauerwein

Place of Business, 94 S. Eden St. *Address,* Church Home Infy

J. J. Flynn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96767 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Murdock

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} Synd. Home, Lafayette & Broadway

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 20 86

Undertaker, M. A. Daly & Ally

Place of Business, 74 S. Broadway

L. L. Flanu M. D.
Medical Attendant.

Address Synd. Home, Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. [illegible]

Health Department, City of Baltimore.

Permit No. 96768

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 16 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellena Bensel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 Years, 10 Months, Days.

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 233 E. Biddle St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 18 1886

Undertaker, [illegible]

Place of Business, [illegible]

C. J. Gross M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9669 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Talley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 162 Battery ave

Cause of Death, First (Primary), Natural

Second (Immediate), Phthisis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 19th 1886

Undertaker, Armstrong & Denny

Place of Business, 263 Light Address, 406 W. Lombard St

J. R. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

Date of Death, December 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josphine Herbst

D

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, — Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 11. Franklin St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Asthenia.

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 20th 1886

Samuel Johnston M.D.
Medical Attendant.

Undertaker, Henry W. Means

Place of Business, #413 E. Fayette St

Address 204 N. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9677 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Senft

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Damberg Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give Street and Number.} 303 h Front St.

Cause of Death, First (Primary), Accident-

Second (Immediate), Nervous shock

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, Dec 20 1886

Undertaker, Henry Heck

Place of Business, Bag R. Central Ave *Address,* 1102 E Baltimore St

A Sr pt Sherlyn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 26772 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18

CERTIFICATE OF DEATH.

Date of Death, Dec 16 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Stoker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Carcinoma of Uterus & Abdominal Organs

Second (Immediate), Exhaustion

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 18th 1886

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St *Address,* City Hospital

William R. Stevens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 96773 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18 18

B

CERTIFICATE OF DEATH.

Date of Death, 17 Dec'r 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Fr. Orth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 9 *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1002 Prestonst.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 1½ Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19th

Undertaker Geo Schilling

Place of Business, Ashland Square

C Hoffmann M. D.
Medical Attendant.

Address, N. E. cor. N. 33d & Ch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9677 *Office of Registrar of Vital Statistics.* Ward 10-13-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dowell alias Lottie Saville

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about ~~8~~ 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} Josephine St # 8

Cause of Death, First (Primary), Effects of Chloroform administered by her own hand

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 18th 1886

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St *Address,*

L. L. Sparrow *M. D.*

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96775 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 18 1886 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Dec 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give Street and Number.} 214 N. Bond ford ave.

Cause of Death, First (Primary), Pleuro-Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loved Cemetery

Date of Burial, 18 1886

Undertaker, William Nunez

Place of Business, 150 East St

G. G. Cook M. D.
Medical Attendant.

Address, 200 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96776 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Young

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester County Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 206 E. Lombard St

Cause of Death, First (Primary), Tubercular Consumption

Second (Immediate),

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Dec 19 1886

Undertaker, William V Dorsey

Place of Business, 150 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96774 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT DEC 18 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt A Hayward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 226 Caroline St

Cause of Death, First (Primary), ~~~

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Lowndl Cemetery

Date of Burial, Dec 18 1886

Undertaker, William N Dorsey

Place of Business, 150 East St

H. Shiver M. D.
Medical Attendant.

Address, 223 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96778 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* thereafter, the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Will

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2 r Castle St.

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, Probably 4 to 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, December 18 86

Undertaker, H. Dippel

Place of Business, 151 S. Bond st

F. H. Ellenberg M. D.
Medical Attendant.

Address, 810 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9679

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 18 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Edwin Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 5 Galeton Court

Cause of Death, First (Primary), Hereditary Syphilis

Second (Immediate), Anæmia

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 18th 1886

Undertaker, Jas B Cook

Place of Business, No 1003 W Balt St

J. P. Natty M. D.

Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96780 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD.

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Klausner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 0 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give Street and Number.} 97 E Lemmon Alley

Cause of Death, First (Primary),

Second (Immediate), Cerebral Palsy

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20th 1886

Undertaker, Bernard Harle

Place of Business, 82 West St

Theodore Kytle M. D.
Medical Attendant.

Address, 518 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 107

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96781 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Irving Buck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* —— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 526 N. Amer St.

Cause of Death, First (Primary), Infantile Remittent Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec. 19, 1886

Undertaker, Henry Wm Gunkis

Place of Business, S. W. Central Ave

E. B. Button M. D.
Medical Attendant.

Address, 124 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 96782

Office of Registrar of Vital Statistics.

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Murray Nowes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 809 N. Eutaw avenue

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 19th 1886

Undertaker, Denny & Mitchell

Place of Business, 551 N. Eutaw

Amanda L. Hunt M.D.,
Medical Attendant.

Address, 871 Madison ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 96783 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 134 E Fayette

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 19/86

Undertaker, Denny & Mitchell

Place of Business, 580 W Fayette

[illegible] M. D.

Medical Attendant.

Address, 106 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Sheet.

Health Department, City of Baltimore.

Permit No. 9784 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, 18th December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Edwards ~~Edwards~~

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 3 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 609 N Paca St

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 20th 1886

Undertaker, John J Andrews

Place of Business, ~~Howard~~ Druid Hill Ave

H. W. Quinn M. D.
Medical Attendant.

Address, 139 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96785 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Langheinrich

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* 16 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Box Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 147 East Lombard St

Cause of Death, First (Primary), frequent colds

Second (Immediate), Congestion of the lungs & brain

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 19th 1886

Undertaker, John Henrich

Place of Business, 382 Canton

Milton N Taylor M. D. Medical Attendant.

Address, 600 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96786 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. William Henry Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white ✓

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2034 Orleans St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Nw E Cemetery

Date of Burial, Dec 19/86

Undertaker, Wm S Fry

Place of Business, 81 N Broadway

C. G. Cook M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 96787 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, Dec 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & George Leight (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 2 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 948 N Duncan Alley

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 19th 1886

James A Steuart M. D.

Visiting Assistant.

Undertaker, W N Dungee

Place of Business, East st *Address,* Cum[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 96788 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Tougel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* 4 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Seamstress.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 466 (O.N.) N. Calhoun st. (1400 & Some N.W. (2d door from Presstman)

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 20th 1886

A. Tinsley M. D.
Medical Attendant.

Undertaker Chas F Scriven

Place of Business, 911 N Eutaw St. *Address,* 1615 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 96789 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Kane.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color, W. Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 416 N Eutaw St. (Chas Hos)

Cause of Death, First (Primary), Pneumonia (catarrhal)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 19th 1886

Undertaker, Saml A. Chase

Place of Business, 64 S Howard *Address,* 133 N Eutaw St

F. H. Richardson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96791 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Butler (Butler) (col'd)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, do not know

Place of Death, {Give Street and Number.} 95 Cross St

Cause of Death, First (Primary), Sting or bite on foot Last Summer cerebritis

Second (Immediate), en Senile Mortification

Duration of Last Sickness, under my charge 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20th 1886

Undertaker, Saml A. Crane

Place of Business, 641 S. Howard St

J Ridgway Hardie M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96791 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Dec 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Springer - Mary Springer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 2 2 *Days.*

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 510 Hanover ab Pratt

Cause of Death, First (Primary), Accidentally suffocated by being over laid by Mother -

Second (Immediate), accidently smothered

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, 12th 86

Undertaker, Sorrell & Handy

Place of Business, 198 West St

F J Flannery M. D.

Coroner

~~Medical Attendant~~

Address, 1701 Dr Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96792 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Clayton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 4 yr 6

Place of Death, {Give Street and Number.} ~~Hollins~~ St Claremont

Cause of Death, First (Primary), Burns

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Shark Street Cem

Date of Burial, Dec 20th 96

Undertaker, Sarrall & Handy

Place of Business, 198 West St

R. H. Ellis M. D.
Medical Attendant.

Address, 240 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within 24 hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 96793 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Brady

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N J city

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 109½ N. Howard

Cause of Death, First (Primary), Diabetes Mellitus

Second (Immediate), Pulmonary Abscess

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae Cemetery

Date of Burial, Dec 19 1886

Undertaker, A Rosenberg

Place of Business, 61 W. Pratt Ave

I. Chew Worthington M. D.
Medical Attendant.

Address, 840 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96194

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 18/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Bilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wales

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 870 W. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 19th 1886

Undertaker, Jos. B. Leech

Place of Business, No 1003 W Baltimore St *Address,* 883 W Lombard St

W. A. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76795 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Jd. Schimmiger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days* 5

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md. 217 S. Duncan alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 217 S. Duncan alley

Cause of Death, First (Primary), Debilitation

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, Dec. 19/86

Undertaker, Jno C Schultz

Place of Business, 265 Alice ave Address, 58 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 75796

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Decem. 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 530 Greenmount Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Hours (about)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

D. Stull M. D.
Medical Attendant.

Address, 403 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96797

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18

CERTIFICATE OF DEATH.

Date of Death, December 18 – 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hunther

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 year

Place of Death, {Give Street and Number.} 15 North Spring St

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Asthenia

Duration of Last Sickness, four year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 20th Dec 1886

Undertaker, Henry Stolzman

Place of Business, 63 N. Eden St

F Glover M. D.

Medical Attendant.

Address, 1 ~~Or~~ Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ref...

Health Department, City of Baltimore.

Permit No. 96798 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. McCoy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months.* *Days*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 168 Park Ave

Cause of Death, First (Primary), Apoplexy - old age + severe cold

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sunday Dec 19

Undertaker, Jos F. Byrne

Place of Business, 213 N Liberty

William Lee M. D.
Medical Attendant.

Address, 339 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96799 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Frank

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 4 *Months,* – *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} –

Occupation, –

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, –

Place of Death, {Give Street and Number.} 216 Mulberry Street

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, Dec. 18th 1886

Undertaker, M Cadogan.

Place of Business, 227 Mulberry St. *Address,* 720 N. Howard Street

N. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96800 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, December 18—86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Doller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City V

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1039 N Wolf St.

Cause of Death, First (Primary), Diphtheria Laryngeal

Second (Immediate), Convulsions

Duration of Last Sickness, our work

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 19th

Undertaker, W Diffenderffer

Place of Business, 151 S Bond *Address,* 1 E. Eutaw St.

Fillmore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 71

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76801 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1886 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, December 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Matthews

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 39 Little Sharp St

Cause of Death, First (Primary), Puerperal Convulsions

Second (Immediate), Lethemia

Duration of Last Sickness, About 4 weeks & a half

All the above information should be furnished by the Physician.

Place of Burial, Annapolis City Md.

Date of Burial, Dec 19th 1886

Undertaker, Wm. J. Gray

Place of Business 210 Mulberry St *Residence,* 325 Oak St

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Francis No 4467

No. 76802

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76802

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 19 1886 BALTIMORE

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Sable

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 104 Curley St. Curley St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 7 Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 20th 86

Undertaker, G. Trance

Place of Business, Bank & Wolfe Sts. E. Brinkmann M. D.

Medical Attendant.

Address, 2826 Elrod St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 96803

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

W-9

CERTIFICATE OF DEATH.

D

Date of Death, Dec 18/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Fredrich Mossmuller

HEALTH DEPARTMENT DEC 19 1886 BALTIMORE

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 3 *Months,* 17

Color, Wh

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lacefinisher.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} N. Y. State.

V

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 71 N Charles St, 2d no. Balto.

Cause of Death, First, (Primary.) Rhoisalepy

Second, (Immediate.)

Duration of Last Sickness, 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 20-86

Undertaker, C F Krouse

Place of Business, 209 Hanover

Archer Atkinson M.D.,
Medical Attendant.

Address, 65 N Charles St
office - 2d no.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96804 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Dec. 18th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Bernard Gordon.

Sex, Male or Female, {Cross out the word not required in this line.} Mal (Gordon)

Age, 8 *Years,* 7 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1706 E. Monument St.

Cause of Death, First (Primary), Injury to the head received from a fall.

Second (Immediate), Meningitis, Coma, Exhaustion.

Duration of Last Sickness, Twenty days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 21st/86

Undertaker, Geo. Schilling

Place of Business, Ark and Lyon

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas. St. & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96805 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angie Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 228 Monroe St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 19 1886

Undertaker, H C Bass

Place of Business, 46 Eastern Ave

J. A. Gilliss M. D.
Medical Attendant.

Address, 437 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of T...

Health Department, City of Baltimore.

Permit No. 96806 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1886. 1. a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Rosala Imele

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Years, 10 Months. 10. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16. Carlton St.

Cause of Death, First (Primary), Lobular Pneumonia

Second (Immediate), Obstruction & Gastric Irritation

Duration of Last Sickness, Total 12 to 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec. 20

Undertaker, Walter Immel

Place of Business, 215 W. Biddle

A. H. Carlton M. D.
Medical Attendant.

Address, 1136. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96807 ***Office of Registrar of Vital Statistics.*** **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Smith.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* 3 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 157 Hanover St.

Cause of Death, First (Primary), Pott's Disease of Spine.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Confined to Bed 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 20th 1886

Undertaker, Armistead Long

Place of Business, 423 Light

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96808

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard D. Hutt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, five *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1 Bond & Fenton Sts.

Cause of Death, First (Primary), Membranous Laryngitis,

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 21st 1886

Undertaker, Denny Mitchell

Place of Business, 65 S. Broadway *Address,* 133 N Eutaw St

J. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 16809 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ahearn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, Wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 102 E. Eager St.

Cause of Death, First (Primary), Pneumonia Pneumonia

Second (Immediate), Edema of Lungs. Edema of Lungs

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 20th 1886

Undertaker, A. Tuck & Son

Place of Business, 461 N. Gay St

J. H. Robertson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96810 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balto Dec. 19 – 8.20 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, ... *Years,* Four *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give Street and Number.} 1011 Woods' Court –

Cause of Death, First (Primary), ~~Exhaustion~~ Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 20/86

Undertaker, Michael Funk

Place of Business, 35 Bank St

J. H. Lamp M. D.
Medical Attendant.

Address, 36 S High St
or New No 105

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 6 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96811 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Decbr 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Wiear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 172 Elliott Street

Cause of Death, First (Primary), Pseudo membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, One (1) Week

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Dec 20th 1886

Undertaker, Fred Goede

Place of Business, 278 S. Caroline *Address,* Corner Caroline & Fleet

J. Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96812 *Office of Registrar of Vital Statistics.* Ward 2 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edyabett Kofeckginski

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Bethel Court

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, during Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 21st 1886

Undertaker, W D Schull

Place of Business, 157 S Bond *Address,* Canton P O

Emma A Clarke M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

D A Clayton Jr Janitor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96813 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Dec 18 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lang

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 1011 N. Wolfe St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 21 / 86

Undertaker, A. Tinkel Son

Place of Business, [illegible]

Thos J. Simms M. D.

Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96814 *Office of Registrar of Vital Statistics.* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 – 4.30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Barbara Thaler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 23 *Years,* 10 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} N. W. Cor. Gay & Madison sts.

Cause of Death, First (Primary), Septicemia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 21st 1897

Undertaker, [illegible]

Place of Business, [illegible]

J. G. Deusch M. D.
Medical Attendant.

Address. 1727 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi

Health Department, City of Baltimore.

Permit No. 96815 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bradford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give Street and Number.} 534 Dolphin St

Cause of Death, {First (Primary),} {Second (Immediate), Double Pneumonia}

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Dec 20 86

Undertaker, Wm Weaver

Place of Business, 735 Eutaw

Thos S Latimer M. D

Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96816 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent Mikoscacki

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 341 S Bond St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 20 1886 James A Steuart M. D.

Undertaker, Felix Brookowski Medical Attendant

Place of Business, 258 Aliceanna *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Saml A Pelugeon Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 96817 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12.19.86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Professional Singer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn. Allegany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give Street and Number.} 721 Germain Ave

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 20th 1886

Undertaker, Ph. Seewald

Place of Business, 119 E Eutaw St. *Address,* 329 Fremont

Edward M Eschman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ... is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 26818

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Dec 19th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Thompson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 sixty five *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland. 25 Years in this country

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} # 140 McHenry St. (Old No.

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate), Asthenia

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, December 21

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

M. D.

Medical Attendant.

(Over)

Address, 15 W. Carroll Sq.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96819 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Albrecht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 1930 McHenry st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 21

Undertaker, J R Cook

Place of Business, 1003 W Balto *Address,* 319 ... st

James Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

Health Department, City of Baltimore.

Permit No. 76820 *Office of Registrar of Vital Statistics.* Ward 14th a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lazarus

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 767 West Baltimore St.

Cause of Death, First (Primary), frequent catarrh

Second (Immediate), Phthisis or consumption

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cem'ty

Date of Burial, Dec 20 1886

Undertaker, Evans & Spence

Place of Business, 10 & E Balto St. *Address,* 600 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 96821 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Steinberg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs House

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Unknown

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Road Cemetery

Date of Burial, Dec 20 1886

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96822 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. H

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Charlotte Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Inflammation of the Liver

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 20 1886

Undertaker, M^rs Bloodsamp

Place of Business, E. Fombord St *Address,*

Jas. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 96823 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Gwaltney M. D.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 811 N Gilmor St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Broncho, & Catarrhal Pneumonia

Duration of Last Sickness, 3 days, through the period of invasion had last five several days

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Dec 20/86

Undertaker, Devrey & Mitchell

Place of Business, 530 W. Fayette

Elias C. Price M. D. Medical Attendant. with Drs Voigt & Price in Consultation

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4/68 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 9824 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEC. 20 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, December 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clyde Ford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give Street and Number.} 2217 East Lombard

Cause of Death, First (Primary), 7 months Cyst

Second (Immediate), Marasmus

Duration of Last Sickness, ~~—~~ 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery

Date of Burial, Dec 20 1886

Undertaker, G. France

Place of Business, Bank & Wolfe Sts *Address,* Broadway

J. C. Symington M. D.
Medical Attendant.

...m Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...d be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ...nded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...he death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ..., the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96825 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 29 King St

Cause of Death, First (Primary), Tuberculosis (Catarrhal)

Second (Immediate), Asthenia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21 1886

Undertaker, Hercules Ross

Place of Business, 94 Canton Ave *Address,* University Hospital

J. R. Hott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96826 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Seventy Years.

Place of Death, {Give Street and Number.} 812 Fountain St W.

Cause of Death, First (Primary), Old age.

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 22. 1886

Undertaker, Martin Baker

Place of Business, 128 W Lanvale St *Address,*

Hon. D. Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96827 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kenney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} 78 Watson St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 21st 1886

Undertaker, Evans & Spencer

Place of Business, 1000 E Balto St

Geo A Shorter M. D.
Medical Attendant.

Address, 1102 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96828 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominick McFadden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 197 Saratoga St.

Cause of Death, First (Primary), Emphysema

Second (Immediate), Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 21st 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry *Address,* 639 Franklin St

H Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Di[illegible] Back of this Certificate.

Health Department, City of Ba[illegible]tore.

Permit No. 96829 *Office of Registrar of Vital Statistics.* Ward 7 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D. 21

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 20, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kenan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 1116 N. Ann St.

Cause of Death, First (Primary), Cold

Second (Immediate), Diphtheritic Laryngitis

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 21. 1886.

Undertaker Wm H. Hickman

Place of Business, 2340 Gay, *Address,* 1101 N. Broadway

L. L. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96830 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Feeney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 6 *Months,* ~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Entero Colitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 21 "/86

Undertaker, Geo. Rinehart

Place of Business, Health Office

Thos. J. Kane M. D.
Medical Attendant.

Address, N E 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96831 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby Hamman

Sex, Male or ~~Female~~ {Cross out the word not required in this line.} John G. F. Emma } Parents

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 162 Townsend

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Dec 21st 1886

Undertaker, J. E. Monahan & Co

Place of Business, 1408 Lemmon Ave *Address,* Irvington

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 96832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Mantler,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 26, *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} 16 Stockton St. near Pratt, ave

Cause of Death, First (Primary,) Rapid Phthisis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 21st 1886

Undertaker, Martin Fahey

Place of Business, 128 Townsend St

W. Rickert M.D.

Medical Attendant.

Address, Penna ave & Robert

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96833 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant - Kitchen

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 148 Chestnut St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Mo about

All the above information should be furnished by the Physician.

Place of Burial, St Mary Catholic Cem

Date of Burial, Dec 21st 1886

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St Address, Balto

Geo. P. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 7683 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, 18th Dec. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dennis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* 4 *Days.*

Color, Col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} & Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 94 Spring St

Cause of Death, First (Primary), all ar asmus

Second (Immediate), Ascites (Seminal Dropsy

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21 1886

Undertaker, William A. Dugee

Place of Business, 150 East st

Jno. H. Cowan M. D.
Medical Attendant.

Address, 224 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96835 *Office of Registrar of Vital Statistics.* Ward 28th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 20: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel L. Radnet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Life

Place of Death, {Give Street and Number.} 1500 Argyle Ave

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 23 1886

Undertaker, Wm S Fry

Place of Business, 711 Pennsylvania Ave *Address,* 900 Mad. Ave

C. C. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 96836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 21

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George T. Ayres

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* four *Months,* ... *Days.*

Color, White Sex, male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 927 Chesapeake St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Congestion of brain.

Duration of Last Sickness, Reported several weeks. Was called in to see child a few hours before death occurred

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 21

Undertaker, H. Dippel

Place of Business, 151 N. Bond St

physician. W R Way M. D.

Medical Attendant.

Address 1414 Baltimore Pike

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96837 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. V. B. Thorpe

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, Sail-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 69 S. Patt. Pace Ave

Cause of Death, First (Primary), Metastatic Erysipelas

Second (Immediate), Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 22nd 1886

Undertaker, H. A. Dayhoff

Place of Business, 74 S. Broadway

C. C. Cook M. D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96838 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward M. South

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Galway Co. Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give Street and Number.} 1 Philadelphia Road.

Cause of Death, First (Primary) Intemperance = Fall on Stairway

Second (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 22. 1886

Undertaker, M. A. Dayn Atty

Place of Business, 74 S. Bway.

J. F. Martenet M. D.
Medical Attendant.

Address, 1429 Belair Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C[illegible]

Health Department, City of Baltimore.

Permit No. 96839 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} On way to University of Maryland Hospital

Cause of Death, First (Primary), Fracture of the Skull

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21 1886

Undertaker, Hercules [illegible]

Place of Business, 95 Courtney St *Address,*

L. G. Spamer M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 96846 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David B Small

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 87 *Months,* ..... *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 822 N Caldwell St

Cause of Death, First (Primary), Old Age

Second (Immediate), Dry gangrene of toes

Duration of Last Sickness, About 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 22nd 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address,* 453 Madison Ave

Elias E Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9884 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus Warfield Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, W.

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Mos

Place of Death, {Give Street and Number.} 2 Roberts St.

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Busby Park. Howard Co. Md.

Date of Burial, Dec 21st 86

Undertaker, Stewart & Mercer

Place of Business, 35 Park Av

C. W. Warfield Md M. D.
for Co Attending Physician

Address, Howard Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96842 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jackson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 14 y 6 ms

Place of Death, {Give Street and Number.} 913 Greenmount Fourth

Cause of Death, First (Primary), Rheumatism, Acute

Second (Immediate), Asthenia

Duration of Last Sickness, 22 da

All the above information should be furnished by the Physician.

Place of Burial, Stump St Cemetery

Date of Burial, December 21st 1886

Undertaker, N. Gr. Bishop & Son

Place of Business, 97 Druid Hill Ave

W. F. Kemp M. D.
Medical Attendant.

Address, McCollough & Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96843 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1886 12.25 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Cunningham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} New No 207 N. Calvert St.

Cause of Death, First (Primary), Inguinal abscess

Second (Immediate), Exhaustion & Hemorrhage

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 22nd 86.

Undertaker, David Flynn

Place of Business, 109 West St

Claude Jean Bibbins M. D.
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 96844 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, ~~Dec 2~~ Dec 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Levin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four *Years,* six *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 70 Hill Street

Cause of Death, First (Primary), Meningitis

Second (Immediate), cerebral effusion

Duration of Last Sickness, two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Dec 21

Undertaker, L Ahrens

Place of Business, 445 W. Balto St *Address,* 88 N Eutaw Street

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90845 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Dec 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. M. Fisherawyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 74 Holland St

Cause of Death, First (Primary), Mitral Stenosis & Insufficiency

Second (Immediate), Cardiac failure (Sudden death)

Duration of Last Sickness, Comatose & fatal

All the above information should be furnished by the Physician.

Place of Burial, Lauraden Park Cem.

Date of Burial, Dec 22. th 1886

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St *Address,* Eager & Caroline Sts

E. W. Flower M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9840 *Office of Registrar of Vital Statistics.* Ward 3 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 74

Date of Death, December 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Hannaman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

Age, 19 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

Occupation, Teamster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Balto University Hospital

Cause of Death, First (Primary), Injuries received by R. R. Cars

Second (Immediate), Shock combined with hemorrhage

Duration of Last Sickness, Four to Six hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Co

Date of Burial, Dec 22/86

Undertaker, Wm J Fry

Place of Business, 8 N Broadway

Wm. J. Cathell M. D.
Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 96847 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 20 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Magness

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 800 Harford Ave,

Cause of Death, First (Primary), Cancer of Stomach & Cirrhosis of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 23rd

Undertaker, Geo Schilling

Place of Business, 1st and Lyman *Address,* 725 Gemmit Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 96848 *Office of Registrar of Vital Statistics.* Ward 5th 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Warren Gilliam

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twentynine *Years,* — *Months,* 2o *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Loan Mercr

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Duringlife

Place of Death, {Give Street and Number.} No 44 House-e

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months - I seen but twice

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 22d

Undertaker, Charles S. Butler

Place of Business, 132 N. Carrollton Address, 116 E. Fayette St

Whitefield Vinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 9184 9 *Office of Registrar of Vital Statistics.* Ward 6 et

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 20 / 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 103 Dolles st.

Cause of Death, First (Primary), Dentition. Capillary Bronchitis

Second (Immediate), Convulsions.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Dec. 22 / 1886

Undertaker, Wm W. Madden

Place of Business, 46 East St

Edward P. Whedbee M. D.
Medical Attendant.

Address, 208 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96850 *Office of Registrar of Vital Statistics.* Ward 8th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Age & Infirmity

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 22nd 1886

Undertaker, Jos B Loch

Place of Business, No 101 S Eutaw St Baltimore *Address,*

Jno Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96851 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary a Dunker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1½ hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 63 St Peter St Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 63 St Peter St

Cause of Death, First (Primary), Anomalous of Brain

Second (Immediate), Imperfect Development

Duration of Last Sickness, 1½ hours

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, Dec 22/86

Undertaker, Wm J Tickner

Place of Business, 221 S Eutaw St

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 22
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 21st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Scuiley Connors

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and number. } Frederick Ave N. side 2nd door W of Fulton

Cause of Death, { First (Primary,) Diptheriar / Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec. 22.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle.

Wm Rickert, M.D.
Medical Attendant.

Address, Penna Ave & Roberts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 9685 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20 - 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Brogden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 819 Fessier St.

Cause of Death, First (Primary), Cardiac Hypertrophy

Second (Immediate), Right Hemiplegia. Int & Embolism (Paralysis)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shanpat Cemetery

Date of Burial, Dec 22 1886

Undertaker, Alex Hemsley

Place of Business, 561 Orchard st

W. F. A. Kemp M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 8852 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Dec 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adeland Curran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 904 Somerset st

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness. 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 22

Undertaker, Geo Schilling

Place of Business, Richard & Lynn *Address,* 171 N Calvert

Geo B Rogers, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 96855 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Dec 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Brown

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 51 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary), ———

Second (Immediate), Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 22/86

Undertaker, Geo Rinehart

Place of Business, Health Office

Thos J. Ward M. D.
Medical Attendant.

Address, 605 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t...

Health Department, City of Baltimore.

Permit No. 96856 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 21 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joe Albert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Oyster dredger

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Sloop Josephine, Pratt st. wh...

Cause of Death, First (Primary), Acute Pneumonitis

Second (Immediate), —

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Dec 22 "/86

Undertaker, Geo. Rinehart

Place of Business, Health Office

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner Cen. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o...

Health Department, City of Baltimore.

Permit No. 96857 *Office of Registrar of Vital Statistics.* Ward 14-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Arthur Holden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 70 S. Carrollton Ave

Cause of Death, First (Primary), Prematurity

Second (Immediate), Marasmus

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial Western cemetery

Date of Burial, Dec 22nd 1886

Undertaker, Jos B Coates

Place of Business, No 100 3d Balto *Address,* 70 S Carrollton Ave

John Nagle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 96838

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

5"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Elisabeth Pratt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1130 Little McElderry St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Dec 23. 1886.

Undertaker, Wm. H. Hickman.

Place of Business, 2341 E. Gay.

C. Th. Bell, M.D.,

Medical Attendant.

Address, 1010 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96869 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvine Crofs McGilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 7 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 77 Mosher St.

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), " " "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec. 23/86

Undertaker Chas W. Scruin

Place of Business, 911 N. Eutaw

J. J. Christian M. D.
Medical Attendant.

Address, 1821 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] & Martha Gibson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male & Female

Age, ____ *Years,* ____ *Months,* 12 & 18 hrs. respectively *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 12 & 18 hrs. respectively

Place of Death, {Give street and number} #297 Park Ave.

Cause of Death, First, (Primary,) Premature Birth. "7 Mos."

Second, (Immediate,) Asthenia

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 22 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard

James Brown M. D.
Medical Attendant.

Address, #1216 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 96861 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Martha Gibson Parents

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3/4 *Days.*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 257 Park ave

Cause of Death, First (Primary), Premature B.

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shars St Anns

Date of Burial, Dec 22nd 86

Undertaker Alex Hunsley

Place of Business, 116 Orchard St *Address,* Cumb & R

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(Copy.)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78862 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Leonard

Sex, Male or Female, {Cross out the word not required in this line.} Residence S. Charles St # 702

Age, 15 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} Spring Gardens near Balto Tar works

Cause of Death, First (Primary), Drowned while sledding on the ice

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 23

Undertaker, B. Hall

Place of Business, 82 Mart St

L. L. Sparrow M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ne Special Attention of Physicians is respectfully invited to the remarks below, and to use of Diagram on back of ...

Health Department, City of Baltimore.

Permit No. 96863 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22

CERTIFICATE OF DEATH. 24

Date of Death, Dec 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Conway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Balto Infirmary

Cause of Death, First (Primary), Acute Tuberculosis (Intestinal)

Second (Immediate), Asthenia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 22, 86

Undertaker, Fred'c J. Kerchner

Place of Business, Health Office *Address,* ...

J. P. Nath M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ...e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lyles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ... *Days.*

Color, Cold *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 45 Mulligan St old bo

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Mulligan St

Cause of Death, First (Primary,) Inherited Syphilis

Second (Immediate) Chickenpox Office ocdo 11 days ill

Duration of Last Sickness, well prescribed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 22nd 1886

Undertaker, H W Madden

Place of Business, 46 East St

Richd Soppington M. D.
Medical Attendant.

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 76865 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Keating

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1016 S Eutaw St

Cause of Death, { First (Primary), ...
Second (Immediate), Pneumonia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22 "86

Undertaker, Louis Rocker

Place of Business, Shaw Ave

James A Steuart M. D.
~~Medical Attendant~~

Address, Eutaw & W R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

J. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o...

Health Department, City of Baltimore.

Permit No. 96866 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Jane E Neal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 23d

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto *Address,* 707 N Luzerne

Edw F. Nicholson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 96867. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Snedecor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 2 *Months,* 2 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Orange Co. New York

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give Street and Number.} old # 531 Hollins St.

Cause of Death, {First (Primary),

Second (Immediate), old age. Senile decay.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 24th

Undertaker, L. C. Bruff

Place of Business, 66 Lexington

John H. Relberger M. D.
Medical Attendant.

Address, #709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96868 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Irene Bettan.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all her Life.

Place of Death, {Give Street and Number.} 615 Lexington St.

Cause of Death, First (Primary), Organic Disease of Liver,

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 24th 1886

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St *Address,* 662 Lexington St

Jno. A. C. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96869 *Office of Registrar of Vital Statistics.* Ward 3 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Graham Roberton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Home keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give Street and Number.} 285 E Baltimore St

Cause of Death, First (Primary), Puerperal Septicemia

Second (Immediate), ...

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Dec. 23rd '86

Undertaker, M. A. Dwyer & Sons

Place of Business, 74 S. Bway,

D W Cathell M. D.
Medical Attendant.

Address, 209 Battle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 96870 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Reding.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Wk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. — not known

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give Street and Number.} No 55 Candleridge St.

Cause of Death, First (Primary), Rheumatism.

Second (Immediate), Con Cardiacis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 24th 86

Undertaker, G. Franci

Place of Business, Frank & Wolfe Sts

D. H. Jones M. D.
Medical Attendant.

Address, 224 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96871 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Caspare.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give Street and Number.} 839 Saratoga St.

Cause of Death, First (Primary), —

Second (Immediate), Meningitis

Duration of Last Sickness, Two (2) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 23d 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 414 N. Gilmor

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the ... of this

Health Department, City of Baltimore.

Permit No. 96872 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie R. Eberman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 634 Saratoga St.

Cause of Death, First (Primary), ...

Second (Immediate), Nervous Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 22d 1886

Undertaker, John S. Mercher

Place of Business, 150 Lamden St *Address,* 609 Franklin St

J. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 46873 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L. King

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} 96 E Madison St

Cause of Death, First (Primary), Burn

Second (Immediate), Exhaustion & Inanition

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28/86

J. H. Robinson M. D.
Medical Attendant.

Undertaker, Ann S Fry

Place of Business, W. H. Bullard *Address,* 735 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96874 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura S Akeon

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} Fayette St. near Fulton St (45)

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion, Apnoea.

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Dec 24th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St *Address,* 214 N Eutaw St

Wm D F Larkin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96875 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 21, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Bonie a Bond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1 Jenkins al. court

Cause of Death, First (Primary), Scrofulous

Second (Immediate), Caps. Bronchitis

Duration of Last Sickness, 2 weeks or more

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cmetery

Date of Burial, Dec 23 1886

Undertaker, Fed A. Kershner

Place of Business, Health Dept *Address,* 832 N Eutaw

O. Edw. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert.

Health Department, City of Baltimore.

Permit No. 96876 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iris Arthur H. Dittox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* 5 *Months,* 1 *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 501 N Gay Street

Cause of Death, First (Primary), Nervous Exhaustion

Second (Immediate), Pulmonary Edema

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th

Undertaker, Geo Schilling

Place of Business, Oakland Square *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 16877 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Simms

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1 Hillman st

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, Dec 23rd 1886

Undertaker, Geo Kinehart

Place of Business, Health Dept

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cum[illegible] & C R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 96878 *Office of Registrar of Vital Statistics.* Ward 8 CC

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days,* 0

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation XXX Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 46 N. Bond Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Called in Oct 2nd last time sick about one year

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 25/1886

Undertaker John Lake

Place of Business, 1423 E Balt St

James E Smith M.D

Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This [illegible]

Health Department, City of Baltimore.

Permit No. 96879

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Ann McCauman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give Street and Number.} Mary Anne St # 9

Cause of Death, First (Primary), Epilepsy induced by Intemperance

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 24

Undertaker, J B Cook

Place of Business, 1003 W Baltimore *Address,*

L L Spanow M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This ...

Health Department, City of Baltimore.

Permit No. 96880 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1886
REGISTRAR
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} Vincent alley # 436

Cause of Death, First (Primary),

Second (Immediate), Affection of the heart

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1886

Undertaker, Wilkinson & Dugan

Place of Business, 150 East St *Address,*

L L Spanor M. D
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 96881 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st, 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Coore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, Red

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, ~~56~~ 56 yrs.

Place of Death, {Give Street and Number.} 62 Williamson Pl

Cause of Death, First (Primary), Enteritis

Second (Immediate), Apnoea

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Thernhst Cemetery

Date of Burial, Thursday Dec 23/96 R. M. Ewing M. D.

Medical Attendant.

Undertaker, George M. Parkin

Place of Business, 22 Hamburg *Address,* 915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96882 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Lucas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (35 yrs. in America

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Dyspepsia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 24 1886

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave

Oscar J. Hostrup M. D.
Medical Attendant.

Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96883 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washing & Ironing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sumner Co. Md.

Duration of Residence in the City of Baltimore, 16 or 17 years

Place of Death, {Give Street and Number.} 1059 Rear Hanover

Cause of Death, First (Primary), Pneumonia

Second (Immediate), want of attention

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cem

Date of Burial, Dec 24th 1886

Undertaker, Carroll Handy

Place of Business, 198 West St

J. R. Wiley M. D
Medical Attendant.

Address, 405 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is respectfully invited to the Section on Back of this.

Health Department, City of Baltimore.

Permit No. 96884 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 20th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Eglein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 22 Eutaw Court

Cause of Death, First (Primary), Emanition

Second (Immediate),

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Dec 23rd 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,* 400 Cathedral St.

Julius S. Jenkins Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 96885

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 84 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 705 W Lombard St

Cause of Death, First (Primary), Senility

Second (Immediate), Cold

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Washington DC Boor R

Date of Burial, Dec 24

Undertaker, Joseph Block

Place of Business, 1003 W B Balto *Address,* 36 S. Eutaw

J. E. Clagett M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4473

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 16886

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 9 Barclay

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 24th

Undertaker, John J Curran

Place of Business, 82 Hollins St *Address,* 38 W Lombard St

D. L Spears M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 96887 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward W. Shank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 77 Pennsylvania Ave

Cause of Death, First (Primary), ...

Second (Immediate), Organic Disease Heart

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Dec. 24. 1886

Undertaker, Walter Immel.

Place of Business, 315 W. Biddle *Address,* 639 Franklin St.

J. J. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4471 Lancet

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 96888 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 23- 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Strauss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — — — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower*, {Cross out the words not required in this line.}

Occupation, Iron worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} US -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 61 S Charles St

Cause of Death, {First (Primary), Morbus Brightii. —
Second (Immediate),

Duration of Last Sickness, 2 Mos + ? —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 24 th 1886 L. A. Strauss M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* 9 E. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 96889 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, DEC. 23 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Henneman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Pedler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 4 E. Balto. (old No.)

Cause of Death, First (Primary), Pulmonary consumption

Second (Immediate), —

Duration of Last Sickness, 8 — 10 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Dec 24th 1886

Undertaker, Geo. Pinelaut

Place of Business, Health Department *Address,* Coroners

Alex. Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 24 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Hughes Conradt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 yrs.

Place of Death, {Give street and number.} 1025 Linden av.

Cause of Death, First (Primary,) Fractura col. fem. (extra capt.)

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Dec 24/86

Undertaker, Denny & Mitchell

Place of Business, 330 W. Fayette

J. Edwin Michael M. D.
Medical Attendant.

Address 937 Madison av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 96871 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F Forrow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 9 *Months,* 10 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give Street and Number.} Nr 666 Franklin St

Cause of Death, First (Primary), old age

Second (Immediate), Pulmonary Congestion.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 25/86

Undertaker, Stevenson & Monroe

Place of Business, 38 Park ave Address, 55 N Green St.

W. T. Talbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Saunning

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number} 237 Franklin St

Cause of Death, First, (Primary,) Fatty degeneration of the heart

Second, (Immediate,) do

Duration of last Sickness, 2 M about two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 26/86

Undertaker, Howard F Moore

Place of Business, 733 Lexington

Saunnm M. D.
Medical Attendant.

Address, 310 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, Regulations and Penalties.

Health Department, City of Baltimore.

Permit No. 96893 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Kemp Benton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 213 Edmonson Ave

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), do

Duration of Last Sickness, In bed a week. in house for 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lorraine

Date of Burial, 12/25. 1886

Undertaker, J. B. Cook

Place of Business, 1003 W Balto St

Dr Carey Thomas M. D.
Medical Attendant.

Address, 1228 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96894 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 110 N Curtis Lane

Cause of Death, First (Primary),

Second (Immediate), Croup & Membranous

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Decem 25th/86

Undertaker, J B Cook

Place of Business, 1003 W Baltimore

M K Wasse M. D.
Medical Attendant.

Address, 28 N Strieker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 16895 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Mulzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brass Worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, His 20 years and 10 mos.

Place of Death, {Give Street and Number.} 1403 Bank Street

Cause of Death, First (Primary), Dysentery & Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Decem 25/86

Undertaker, Mitchell Funk

Place of Business, 35 Bank St. *Address,* 77 So. Broadway

J. L. Mullins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 96898 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1886

a

CERTIFICATE OF DEATH.

Date of Death, Dec 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Virginia Gosnell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} and No 112 Sargent St

Cause of death, First, (Primary,) ———

Second, (Immediate,) Typhoid fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 24 1886

Undertaker, Jos B Cook

Place of Business, No 1003 W Baltimore St

H Hollingsworth M. D.
Medical Attendant.

Address, 416 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 96897 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 23: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Chase Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Last 9 years

Place of Death, {Give Street and Number.} 35 Cathedral St

Cause of Death, First (Primary), Softening of Brain

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Dec 24/86

Undertaker, Steuart & Miller

Place of Business, 35 Park Pl Royal

C. C. Williams M. D.
Medical Attendant.

Address, 201 Mass. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4474 Transit

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 90898

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 24 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice J. Burkhart.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 1142 Brown Ave

Cause of Death, First (Primary),

Second (Immediate), Infantile Paralysis

Duration of Last Sickness, Four (4) years

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Dec 24/86

Undertaker, Stewart & Co

35 Park Ave

Place of Business, Baltimore Md

D. L. Gunn M. D.
Medical Attendant.

Address, 37 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

1472 Hanover

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 96899 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Hattie Coates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 400 Parish Alley

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Dec 24th 1886

Undertaker, William N Dorsey

Place of Business, 150 East St

M. D.

Medical Attendant.

Address, 280 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o...

Health Department, City of Baltimore.

Permit No. 9990 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wallace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ... *Months,* ... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant girl.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} 613 Jasper Street

Cause of Death, First (Primary), Childbirth

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 86

Undertaker, Alex Hemsley

Place of Business, 561 Orchard st

Clara Steinbrenner, M. D.
Medical Attendant.

Address, 1035 Myrtle Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 16901 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Wallace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Two Weeks Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 613 Eastern Ave.

Cause of Death, First (Primary), Asphyxia.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1886

Undertaker, Alex Hamilton

Place of Business, 561 Orchard St

C. Steinbrenner M. D.
Medical Attendant.

Address, 635 Myrtle Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 96912 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23. 1886 9 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen A. Hartman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 2 Days

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #163 Argyle Ave

Cause of Death, First (Primary), Pseudo-membranous Croup

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, December 25th '86

Undertaker, H. S. Leitheiser

Place of Business, E. Monument st. *Address,* 361 N. Bway

A. L. Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96903 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Allen Andrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 642 Mulberry St.

Cause of Death, First (Primary), General Paralysis

Second (Immediate), Congestion of brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec. 25th 1886

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back o...

Health Department, City of Baltimore.

Permit No. 16704 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CITY REGISTRAR'S DEC 24 OFFICE

CERTIFICATE OF DEATH.

Date of Death, December 23" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 695 Lig[illegible] St

Cause of Death, First (Primary), Congestion of Brain & Lungs

Second (Immediate), Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, December 25

Undertaker, B. [illegible]

Place of Business, [illegible]

C. A. Cooke M. D.
Medical Attendant.

Address, 104 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96905 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24-1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. Vanfossen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 16 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 312 Parkin St.

Cause of Death, First (Primary),

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26" 1886

Undertaker, Wm. J. Tickner

Place of Business, 2 2d E. Eutaw St. *Address,* 506 N. Carrollton Av

J. W. C. Cuddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Necessity Existing to Use of Vaccine on Ba...

Health Department, City of Baltimore.

Permit No. 16706 *Office of Registrar of Vital Statistics.* Ward 19 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 Dec. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Maria Watkins

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 16 Stockton St.

Cause of Death, First (Primary), Heart Disease (2 hrs)

Second (Immediate), Never saw the deceased but once complaining for years, died suddenly.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Eaton Hill

Date of Burial, Dec 26 1886

Undertaker, William Dorsey

Place of Business, 150 East St

J. Ins Hood M. D.
Medical Attendant.

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 96907 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 62 Gough St.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, Since last August

the above information should be furnished by the Physician

Place of Burial, Ft Vincent Cem

Date of Burial, Dec 26 1886

Undertaker A. Pink & Son

Place of Business, No. 915 W. Gay St *Address,* 199 E Balto St

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 96908 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Taskel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House keeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 State Street

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Cerebral congestion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24. 86

Undertaker, Ray Hearsey

Place of Business, 116 Oakdale *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 96909 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Dec'r 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Worpard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, Polish

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 7 Mar

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1111 Eutaw St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemy

Date of Burial, Dec'm 25. 1886

Undertaker, Henry Hoch

Place of Business, 304 Park Ave *Address,* 1111 Eutaw St

D. Scholer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96910 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate McCausland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty-nine *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give Street and Number.} 148 Harlem avenue

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis of pneumogastric nerve

Duration of Last Sickness, indefinite

All the above information should be furnished by the Physician.

Place of Burial, Gardner, Maine

Date of Burial, Dec 26th 1886

Undertaker, Denny & Mitchell

Place of Business, 533 N. Fayette St

H. Worthington M. D.
Medical Attendant.

Address, 220 Aisquith or St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

478 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96911 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Elizabeth Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Nine 79 *Years,* Eleven 11 *Months,* Twenty Five (25) *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's County, Md.

Duration of Residence in the City of Baltimore, Thirty Five years

Place of Death, {Give Street and Number.} No 1632 East Madison Street

Cause of Death, First (Primary), Eczema (Chronic)

Second (Immediate), Erysipelas

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetary

Date of Burial, Dec. 27th 1886

Undertaker, Geo. Schilling

Place of Business, Ashland Sq. *Address,* 1618 E. Monument

Wm. H. Claudius M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9691/2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Years, — *Months,* 7 *Days.*

Age,

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 27 Vincent Alley

Cause of Death, First (Primary), Inanition,

Second (Immediate), Convulsions

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26/86

Undertaker, Wm. N. Amyett

Place of Business, East St. *Address,* Cor 687

Thos Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Examiner

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96913 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 176 Eastern Av.

Cause of Death, First (Primary), Cerebro spinal meningitis

Second (Immediate), Convulsions.

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, 3rd Reformed St. Pauls Cemtry

Date of Burial, Decbr. 25th 1886

Undertaker, Wm Nicolaus

Place of Business, 249 Aliceanna

Jno. S. Lynch M. D.
Medical Attendant.

Address, 64 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9699 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias R Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 6 Chapple St Baltimore

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} 6 Chapple St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec. 26th

Undertaker, A. Frank Stan

Place of Business, 467 N. Gay *Address,* 1812 E. Baltimore

B Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9651 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cole

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ~ *Months,* ~ *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Burns of body & limbs

Second (Immediate), Shock

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, Dec 24, 86

Undertaker, Fred'k C. Kirchner

Place of Business, Health Office *Address,* University Hospital

C. F. Mitchell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96916 *Office of Registrar of Vital Statistics.* Ward 6/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schneck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Madeira alley near Lamb

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 27th 86

Undertaker, H Landers & Son

Place of Business,

Thomas A Shuman M.D.

Address, Lamb & Madeira

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. P. FitzPatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9917 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marianetta Daughter of Henrietta Robert Baker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

~~*Married, Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give Street and Number.} 32½ E Pratt St

Cause of Death, First (Primary), —

Second (Immediate), —

Duration of Last Sickness, Congenital Muscular Atrophy

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th 1886

Undertaker, Fred Gaede

Place of Business 108 S. Caroline *Address* 1102 E Baltd St

A. Shortzer M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permit No. 9698

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

HEALTH DEPARTMENT DEC 26 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24. Dec. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth A. Stuerkes,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 4 *Days.*

Color, white

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 282 N. Gay Str.

Cause of Death, First, (Primary.) Diphtheritis.

Second, (Immediate.) Paralysis cordis.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Dec 26 th 1886

Undertaker, Fred Gaede

Place of Business 108 S. Caroline st

Rob. Arthur M.D.,
Medical Attendant.

Address, 721 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16919 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Cross

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 59 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give Street and Number.} 206 Hanford Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, 11 or 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 26th 1886

Undertaker, Henry Hook

Place of Business, 39 N Eutaw St

Wm B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore, 18

Permit No. 96920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Phipps

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boss Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 1402 Eutaw Place corner of Druid

Cause of Death, First (Primary,) Disease of Kidneys

Second (Immediate,) Apoplexy

Duration of Last Sickness, 7 Days 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 26/86.

H. J. Murdoch M. D.
Medical Attendant.

Undertaker, Sherwood & Thomas

Place of Business, 35 Park Ave *Address* 8 W Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 9692 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice C. Karcher

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 1840 Penn. Ave.

Cause of Death,
First (Primary), Congestion of lungs
Second (Immediate), " " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, December 26.

Undertaker Walter Emmel

Place of Business, 315 W. Biddle

J. W. Christian M. D.
Medical Attendant.

Address, 1821 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 9692 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1886 BALTIMORE.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation XYZ

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 1814 E Lombard St

Cause of Death, First (Primary), Old age

Second (Immediate) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 26th 1886

Undertaker G. France

Place of Business, Bank & Wolfe Sts. *Address,* 29 E Pratt St.

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18923 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 26 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Reynolds

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 459 Crook

Cause of Death, First (Primary), Acute Metritis

Second (Immediate),

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dezemb 27

Undertaker, B. Hall

Place of Business, 82 North Av *Address,* 104 Fort Av

D A Burke *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8924 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1886 BALTIMORE

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Kyseinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months. Days

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 152 Johnson Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C

Date of Burial, Decem 26

Undertaker, B. Hall

Place of Business, 82 West St

E. Michaeau M. D.
Medical Attendant.

Address, 154 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9925 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filed out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Frederick Shepherd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 Days.

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1510 ~~Montrose St~~

Cause of Death, First (Primary), (Infantile) Eclampsia —

~~Second (Immediate),~~

Duration of Last Sickness, 24 hrs — (about)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olive Cemetery

Date of Burial, [illegible]

Undertaker, Joseph Cook

Place of Business, 1003 West Balto St *Address,* 1521 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Circular below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9926 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Green

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 *Years,* *Months,* *Days.*

Color, Black

~~Married,~~ Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 1729 E. Baltimore st

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, E Public Cem

Date of Burial, Dec 25 1886

Undertaker, Geo. Reinhart

Place of Business, Health Office Address, 1727 E. Balto st

J. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96927 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 25. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Christened (Briston)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 1½ days

Place of Death, {Give Street and Number.} 413 (old no.) E. Monument St.

Cause of Death, First (Primary), Ther 6 years of heart trouble,

Second (Immediate), found dead in bed & do not think that it was overlaid.

Diration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 26

Undertaker, Wm J. Schaffer

Place of Business, 5. S. Front St

Geo. A. Hartman M.D.
Medical Attendant.

Address, 1121 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96928 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Medcalf

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 75 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} New 123 & Old 63 S. Schroder St.

Cause of Death, First (Primary), Paralysis.

Second (Immediate),

Duration of Last Sickness, Third 31 Months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 27th 1886

Undertaker Jos B Cook

Place of Business, No 1003 N Bath *Address.*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16929 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 28 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Edmonds

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Burgh

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 237 N Mount St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), ——

Duration of Last Sickness, One Month & 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park Cemetery

Date of Burial, Dec 27th 1886

Undertaker, Leo B Groh

Place of Business, No 1003 W Balto St *Address,* 584 W Fayette St

Geo D W Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76930 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12/26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Cooke

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 816 Pierce St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Paralysis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 28. 86

Undertaker, Alex Hensley

Place of Business, 116 Orchard St *Address,* 172 Franklin

G A Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96931 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert B Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 196 Etting Street

Cause of Death, First (Primary), Bronchitis.

Second (Immediate), "

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 27. 1886

Undertaker, Alex Kennedy

Place of Business, 561 Edward St

B B Browne M. D.
Medical Attendant.

Address, 1218 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96932 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 24

Date of Death, December 25. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Earnest.

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Seaman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Entire Month.

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Intra Cranial Pressure this Diseased

Second (Immediate), Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Dec 27. 1886

Undertaker, Oberle

Place of Business, 82 West Pk

J. W. Emerick M. D.

Medical Attendant.

Address, Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wehrhane

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 83 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hildesheim Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 50 St Paul St.

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) Asthenia and Apnoea

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 27th/86

Undertaker, H. W. JENKINS & SONS

Place of Business, UNDERTAKERS Park & Saratoga Sts.

Nathan R. Gorter, M. D.

Medical Attendant.

Address, 1303 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

(12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 96934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 8h 50m P.M. 25th December, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Savilla McGuigan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Nine *Months,* Twenty-One *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Only an Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} old no. 99 or new no. 148 W. Wilson St. Baltimore.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number} 99 Wilson St, Baltimore, Maryland.

Cause of Death, First, (Primary.) Had Whooping Cough for a long time, and

Second, (Immediate,) Convulsions and Exhaustion

Duration of last Sickness, I have been attending about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 27 86

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Wm. J. Howard M. D.
Medical Attendant.

new no.

Address, 817 N. Howard St.
Baltimore, Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 76935 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Dec 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sally Woolford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, about 22 years

Place of Death, {Give Street and Number.} Poultney St # 38

Cause of Death, First (Primary), Paralysis of the Heart —

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sykesville, Md,

Date of Burial, Dec 28th 86

L. G. Sparrow M. D.

Undertaker, Armstrong & Denny

Medical Attendant.

Coroner

Place of Business, 263 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4479 Laurel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96936 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Emily Mills Bonsall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Five *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 2030 East Fayette Street

Cause of Death, First (Primary), Old Age

Second (Immediate), Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Dec. 27th 86

Undertaker, M. A. Bayer atty

Place of Business, 34 St Paul *Address,* [illegible]

Wm H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 96937 *Office of Registrar of Vital Statistics.* Ward 13 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 24th December, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* 5 *Months.* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 62 N. Johnston St. (old No.)

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Rheumatism of Heart.

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 27th 1881

Undertaker, Wm. P. Marker

Place of Business, 151 Eastern Av

A. H. Littell, M. D.
Medical Attendant.

Address, Lafayette & Fremont Sts

...t from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... who attended during his or her last sickness, or the Coroner, when the ease comes under his notiee, to furnish ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...e ascertained, the full name, sex, age, and eondition (whether married or single) of the person deceased, and ...leath.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96938 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Forty Eight *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Swabia Germany

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give Street and Number.} 309 N Chapple St

Cause of Death, First (Primary), Anurism of Aorta according to

Second (Immediate), Rupture of Sack

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bachmans Lutheran Cemetery Southgate

Date of Burial, Dec 29th

Undertaker, Geo Schilling

Place of Business, 1st and Lynn

J. Lewis M. D.
Medical Attendant.

Address, 36 N Chapple St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96939 *Office of Registrar of Vital Statistics.* Ward 1 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Slater

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City, ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 22 S. Chester St

Cause of Death, First (Primary), Diabetes Mellitus

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Batts Cemetery

Date of Burial Decm 29th 1886

Undertaker, Denny & Mitchell

Place of Business, 208 S. Broadway *Address,* 1836 E. Balto St

E. P. Jones *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 96940 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Frances Vaughn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months.* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 172 E. Lanvale St

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, abt 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, Dec 28 1886. Chas M Mott M. D.

Medical Attendant.

Undertaker, Henry Mc Gunnis.

Place of Business, 202 N. Central Ave *Address,* 927 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96941 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hannan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 300 Lewis' st.

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Dec 29, 1886.

Undertaker, Henry McGinnis, Edwin B. Fenby, M. D.
Medical Attendant.

Place of Business ~~Lee st, Central~~ Ave, *Address,* 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96942 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Boyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 11 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 108 Vincent alley

Cause of Death, {First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Dec 28 86

Undertaker, H A Kirahner

Place of Business, Health office *Address,* Longfellow R

James A Steuart M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Robert Wood Johnson [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96943 *Office of Registrar of Vital Statistics.* Ward 10 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ... V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 87 N Paca St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 27 1886

Undertaker, Alex Hensley

Place of Business, 116 Archard *Address,* 87 N Paca St

J. C. H. ..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96744 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25 A.C

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Turner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 14 Days.

Color, Black

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Infirm

Place of Death, {Give Street and Number.} 1048 Dallas St

Cause of Death, First (Primary),

Second (Immediate), Cerebro Bronchitis

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 27 1880

Undertaker, Wilmont Dorsey E A Lucas M. D.

Place of Business, 150 Easter Address 10 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16945

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Holly

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 4 *Years,* *Months,* *Days.*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1375 Whatcoat.

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Dec 27. 1886

Undertaker, Saml W Chase

Place of Business, 64 E. Howard

Geo W Norris M. D.
Medical Attendant.

Address, 173 Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16740 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 Dec. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Durand

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Wh

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 556 St Marys St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 27th 1886

Undertaker, Wm. H. Chase

Place of Business, 64 S Howard *Address,* 922 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16947

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Febroid Phthisis,

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Days 2 years

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 26, 86

Undertaker, Theo. A. Kirchner

Place of Business, Health Office

J. T. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98948 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Leland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor Hanford Ave & Eager St. 929 EE.

Cause of Death, First (Primary),

Second (Immediate) Croup 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 27th

Undertaker, H. C. Whitefield

Place of Business, 100 Greenmount Ave *Address,*

Wm. Uhlridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...section of Regulations respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9694 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Pues

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~new~~

Place of Death, {Give Street and Number.} 919 Forest St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, Dec 27th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmt

W. L. Phillips M. D.
Medical Attendant.

Address, 735 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 16950

Office of Registrar of Vital Statistics. Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 26th, 1866

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Hillen Alley

Cause of Death, First (Primary), —

Second (Immediate), Intestinal Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 28th

Undertaker, Wendle Dizard

Place of Business, 167 Bond *Address,* 945 Broadway

D. Bolt M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7695 1 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie M. Ford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 Weeks *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} Nursery & Childs Home

Cause of Death, First (Primary),

Second (Immediate), Mal Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

...ce of Burial, Loudon Park

... of Burial, Dec 27

...ertaker, Em Kilgore

...of Business, 1189 Broadway

Thos. F. Latimer M. D.
Medical Attendant.

Address, 121 Eutaw Place

...Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...nd be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ...ttended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...r the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96952 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ga. Carter

Sex; ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3½ *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co

Duration of Residence in the City of Baltimore, 2½ Months

Place of Death, {Give Street and Number.} Nursery & Child Home

Cause of Death, { First (Primary), ...
Second (Immediate), Mal-Nutrition
Life

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Londontown

Date of Burial, Dec 27

Undertaker, C A Physick

Place of Business, 1139 Penn Ave *Address,* 213 Eutaw Place

Thos. S. Latimer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96953 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 30 Chestnut

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decbr 28th

Undertaker Evans and Spence

Place of Business, 1000 E Balto St

James E Lemmon M. D.
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 6754 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 25, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. J. Keen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* ✓ *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 S. High St.

Cause of Death, First (Primary), Encephaloid Testicle

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Dec. 28th

Undertaker's, Evans & Keen

Place of Business, 1000 E. Balto. St.

G. W. Cook M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

Permit No. 16753 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Hafner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Malta

Duration of Residence in the City of Baltimore, In Infancy

Place of Death, {Give Street and Number.} 202 Jackson St

Cause of Death, First (Primary), Heart Disease.

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, December 28

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

M. D.

Medical Attendant.

Address, 18 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96956 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT DEC 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Connolly

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 9 Fish Market

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, December 28

Undertaker, James P. Byrne

Place of Business, 63 N Front St. *Address,* 1971 Canton Ave

Wm B Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96957 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH. B

Date of Death, Dec. 26 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira Gratly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila. Pa.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} No. 1011 Somerset St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, Bled to death in 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Bibb County

Date of Burial, Dec 28 - 1886

Undertaker, New York

Place of Business, 219 N Eutaw St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96958 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 26/1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Lewis Fisby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days*

Color, Col-

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 627 or 84 S. Howard n-

Cause of Death, First (Primary), Concussion of Brain from Fall

Second (Immediate), Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Par[illegible] Cemetery

Date of Burial, Dec 28th 1886

Undertaker, Saml W Abare

Place of Business 641 S. Howard St *Address,* 807 Arlington Av

Medical Attendant. J Ramsey Hill M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96959 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 27, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Ridgley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 528 S. Howard St.

Cause of Death, First (Primary), Brain softening

Second (Immediate), Apoplexy (probably)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 29 1886

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St *Address,* 832 N. Eutaw

W. Edw. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 96960 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 27. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Chilcot.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Md. Gen. Hospital 20 & 27 Linden Ave.

Cause of Death, First (Primary), Stricture & Strang Gang. Prolaps Ani.

Second (Immediate), Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th 1886

Undertaker, Wm Cadogan

Place of Business, 227 Mulberry St

Robt Bond M. D.
Medical Attendant.

Address, Md. Gen. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

12 H

Permit No. 96961 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

DEC 27

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Virginia Deso

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 22 *Years,* 9 *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, factory Girl

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } Nw 8 Walnut al

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, December 29

Undertaker, Walter Lemmel

Place of Business, 315 W. Biddle

Wm A Moale M. D.,
Medical Attendant.

Address, 716 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11962

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96962 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 27 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Crise

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 161 Penna Av

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 161 Penna Av

Cause of Death, First (Primary), Eclampsia Monatorum

Second (Immediate), Asphyxia

Duration of Last Sickness, 36 hrs -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dece 28 the

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96963 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT DEC 27 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Wagner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give Street and Number.} Old No 20 S Eutaw St.

Cause of Death, First (Primary), Acute Peritonitis, Pneumonia

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Dec 29

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore St *Address,* 273 S. Eutaw St

John A. Ridout, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9764 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa H. Griffin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 37 *Years,* *Months,* *Days.*

Color, mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 18 yr-

Place of Death, {Give Street and Number.} 82 Hill st-

Cause of Death, First (Primary), Syphilis

Second (Immediate), Ulceration of Bowels

Duration of Last Sickness, Dont know (Dr was not in last illness one day before death - but began Syphilis about 2 yrs ago at various times for 6 years past)

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery attended

Date of Burial, Dec 29 1886

Undertaker, Mc Cabe, Kerr & S.

Place of Business, 95 Conway st

E. Hall M. D.
Medical Attendant.

Address, 402 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96765

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96765 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, DEC 27 BALTIMORE, MD.

Date of Death, Dec 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Gardner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 9 Byrd St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 29

Undertaker, B. Ward

Place of Business, 82 West St

Robert L. Rowe M. D.
Medical Attendant.

Address, 1919 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 96966 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~24~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 901 Eden Place

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Dec. 30th 1886

Chas. C. Thompson M. D.
Medical Attendant.

Undertaker M. Cadogan

Place of Business, 227 W. Mulberry St. *Address,* 94 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96767 *Office of Registration and Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 188 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Collins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} Insl. Little Sisters of the Poor

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Oakington M. & Co. Md.

Date of Burial, Dec 30th 1886

Undertaker, Fred Goode

Place of Business 108 S. Caroline St *Address,*

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4482

No. 1991

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96968 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC. 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lord Culney Md.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, (72) 73 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.} ✓

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond, Va.

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give Street and Number.} 915 N. Calhoun st.

Cause of Death, First (Primary), ...

Second (Immediate), Asthma.

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, Dec. 29th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St *Address,* Fayette & Pacca

H. H. Tolson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4 4 8 3

No. 96969

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 16

Permit No. 96969 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 25" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calvert Sanderson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~~~ *Years,* 3. *Months,* ~~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 224 S" Eutaw St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 29" 1886

James A Timmins M. D.

Undertaker, Dan'l Chase

Place of Business, Howard St. *Address,* Comm" of Health - Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Dunning - Sexton

No. 21970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96970 *Office of Registrar of* [illegible] Ward 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 29 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Sulorsh (Sobieski)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, N

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1005 Chesapeak St

Cause of Death, First (Primary), Gastritis

Second (Immediate), Diseases

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, December 29 86

Undertaker, Felix Borkowski

Place of Business, 253 E Lombard St

E Richard M. D.
Medical Attendant.

Address, 2830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96971 *Office of Registrar of Vital Statistics.* Ward 8-11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rimmele

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} Albion Hotel

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), ...

Duration of Last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 30th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

F. E. Shipman M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96972 *Office of Registrar of* Ward 15

The Physician who attended any person in a last illness, is responsible for the preservation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 1022 Williams St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29th

Undertaker, Thos Ward

Place of Business, 961 Light

Thos Ward, M. D.
Medical Attendant.

Address, 518 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 96973

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96973. *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec" 29" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Chr. and Mary E. Lambert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male. Parents

Age, ——— *Years,* ——— *Months,* 2. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1237. William St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Exanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec" 29" 1886

Undertaker, Armstrong & Dunn

Place of Business, 263. Light

Thos. H. Emmons M. D.

Comm" of Health - Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning - Inspector

No. 17777

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96974 *Office of Registrar of Vital Statistics.* Ward 1 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hyde

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 10 minutes *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 18 East St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec. 29th 86

Undertaker, E. Frank

Place of Business, E. Frank & Bro. *Address,* 24 N. Broadway

W. J. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96975 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Brink

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 3 *Months,* 19 *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 51 N. Front Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 0 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec 30th 86

Undertaker, G. Krance

Place of Business, Front & Wolfe Sts. *Address,* 927 East Balto. St

Chas. M. Moffit M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96976

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 188 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 182 (old) Penna Ave

Cause of death, First, (Primary,) Mitral trouble

Second, (Immediate,) Heart failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 31/86

Undertaker, Chas. W. Lawrence

Place of Business, 27 N. Eutaw St.

H. J. Bloffroth M. D.,
Medical Attendant.

Address 416 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7777

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96977 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel H. Giles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} St Mary's Street # 548

Cause of Death, First (Primary), Wounds inflicted on the throat by

Second (Immediate), His own hand, while in a state of mental aberation —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery

Date of Burial, Dec 30

Undertaker, Jno H. Honeyman Jr

Place of Business, 172 Park Ave *Address,*

D. G. Sparrow M. D.

~~Medical Attendant.~~

Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96978

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96978 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 28. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Warington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — + *Years,* 15 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} +

Occupation, +

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1325. Bank Str.

Cause of Death, First (Primary), Marasmus, Inanition.

Second (Immediate), Asthenia.

Duration of Last Sickness, 1 months 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Dec 30th 1886

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Av.

A. V. Gosmeier M. D.
Medical Attendant.

Address, 96 S Ann Str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96979

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96979 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hamill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland. ✓

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give Street and Number.} 705 Penna. Avenue.

Cause of Death, First (Primary), ...

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30 86

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Louis H. Knight M. D.
Medical Attendant.

Address, 414 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 96980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96980 *Office of Registrar of* [illegible] Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bruce St # 805

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. O. Cemetery

Date of Burial, Dec 29 '86

Undertaker, Fred'k Aleuchen

Place of Business, Health Office *Address,*

L. G. Spanos M. D.
Medical ~~Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the notices below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9698 *Office of Registrar of Vital Statistics* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* ... *Months,* ... *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 932 Little Pine st

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 29th

Undertaker, Sorrell Handy

Place of Business, 198 West St

Jno. E. Gibbons M. D.
Medical Attendant.

Address, 833 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96982 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie and Warner Macabee Infants

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 & 6 Chesnut Alley near Fremont St.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Dec 29th 86

Undertaker, W W Evans

Place of Business, 93 East St

James H Clemens M. D.
Medical Attendant.

Address, Cumb & O R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

A. C. Fitzpatrick, Sanitary Inspector

No. 1 7 3 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96983 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~

Date of Death, December 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Shearer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 216 S. Fulton Ave

Cause of Death, First (Primary), Cerebral Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, Dec 29th 1886

Undertaker, Denny & Mitchell

Place of Business, 330 N. Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 96984 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec" 29, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 2. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 612 E" Chas. St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cem.

Date of Burial, Dec" 29" 1886

Undertaker, B. Hall

Place of Business, Alc. St

Jas. H. Lemmon M. D.

Comm" for Vital Statistics Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Duding = Inspector

No. 70713

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96985 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT DEC 29 1883 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Dec "26" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug "a. Mathilda. Maag.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

Age, ~~~~ *Years,* ~~~~ *Months,* 2. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 65 Saratoga St.

Cause of Death, First (Primary), Insanition

Second (Immediate), Exhaustion

Duration of Last Sickness, All to Life

All the above information should be furnished by the Physician.

Place of Burial, Mt. Redeemer.

Date of Burial, Dec "29" 1883

Undertaker, C. France.

Place of Business, Alleganna St. *Address,*

Cemm James H Chew M. D.

Comm "of Health = Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunning = Inspector

CS

No. 96986

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96986 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 29 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 29, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Wagner (Harry M. Wagner — Parents)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 hrs *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 13 Harlem Ave

Cause of Death, First (Primary), —

Second (Immediate), Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 31/86

Undertaker, Denny Mitchell

Place of Business, 150 W Fayette

Chas. G. Neff, M. D.
Medical Attendant.

Address, 763 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96987

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96987 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bines

Sex, Male ~~or Female~~, {Gross out the word not required in this line.}

Age, 88 *Years,* 4 *Months,* 21 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give Street and Number.} 807 N. Stricker St.

Cause of Death, First (Primary), Malaga

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Dec 30th 1886

Undertaker, Wm J. Tickner

Place of Business, 221 S. Entaw

C. Kimmel Warren M. D.
Medical Attendant.

Address, 280 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ek. 96988

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis... back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96988 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT DEC 29 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Joseph Killmyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2682 Japan St

Cause of Death, First (Primary), Diphtheria, six weeks ago

Second (Immediate), Diphtheria Paralysis,

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Ho of Redeemer

Date of Burial, Dec 31 1886

Undertaker, Geo Hook

Place of Business, 209 N Eutaw St

Wm H Shertzer M. D.
Medical Attendant.

Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96989 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tumor of bladder (Operation)

Second (Immediate), Septicaemia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Cem. Marlborough

Date of Burial, Dec 29 "1886

Undertaker, Gerard Hart

Place of Business, Old 82 W. Fayette St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4485 Transit

No. 10990

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10990 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Steugel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 814½ S. Fremont St

Cause of Death, First (Primary), b

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemb

Date of Burial, Dec. 30 1886 J. C. Burch M. D.

Medical Attendant.

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave *Address,* 571 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

each week. 9b991

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9b991 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 30/869

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Burton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 St Paul

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 30th 869

Undertaker, Geo. Rinehart

Place of Business, Health Office

Thos. J. Ward M. D.
Medical Attendant.

Address, No 608 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96992

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96992 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Yeo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~

Age, ~ *Years,* 2 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} Nav 935 Broadway

Cause of Death, First (Primary),

Second (Immediate), Bronchitis Capillary

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31st 86

Undertaker, Julius Koehler

Place of Business, ~~Sharp & Bros~~ *Address,* 578 Hanover St

J Preston Scott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96993

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96993 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsia Edwards.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Janitoress of Chesapeake Pilot-Office

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} At Baltimore University-Hospital, Bond st

Cause of Death, First (Primary), Burns, accidentally received

Second (Immediate),

Duration of Last Sickness, about three hours.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem.

Date of Burial, December 30th

Undertaker, H. Dippel

Place of Business, 151 S. Bond st

D W Cathell M. D.
Medical Attendant.

Address, 4 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9994

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9994 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, December 29 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Stanner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} John (Stanner

Age, ... *Years,* 1 *Months,* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1618 Belair Avenue —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1618 Belair Avenue —

Cause of Death, First (Primary), Malnutrition —

Second (Immediate), Infantile Eclampsia.

Duration of Last Sickness, One day —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th

Undertaker, Lee Schilling

Place of Business, Ashland Byron

J. Whartnel M. D.
Medical Attendant.

Address, 1429 Belair Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96995 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert N. Honeywell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 5 *Months.* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 190 N Carrollton Av Baltimore City

Cause of Death, First (Primary), Catarrh of the throat

Second (Immediate), Phthisis Laryngea

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec. 31st 1886

Undertaker, Hall Jenkins & Sons

Place of Business, Park & Saratoga Sts.

Jno. Lloyd Martin M. D.
Medical Attendant.

Address, 240 East Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96996

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96996 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ros

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 22 Camden St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 30th 186

Undertaker, C. F. Krause & Son

Place of Business, 319 Hanover Address, 511 Hanover St

J C Deuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96997

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96997 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Bridget Conroy.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kilbegnet. Co. Galway, Ireland.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give Street and Number.} 376 Aisquith St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, 8 Weeks. Confined to House.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec. 31st 1886

Undertaker, C. F. Kranesloon

Place of Business, 209 Conover

R. J. N. Tall M. D.
Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saturday of each week.

No. 96998

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96998 *Office of Registrar of Vital Statistics.* Ward 20 11

HEALTH DEPARTMENT DEC 30 1896 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29-1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Krueger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* *Months,* 2 *Days*

Color, white

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1401 N Fremont St

Cause of Death, First (Primary), "

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Leeder Hill

Date of Burial, December 31

Undertaker, Walter Imrie

Place of Business, 315 W. Biddle

David T Moyse M. D.
Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 96999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 96999 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gladys Kalzenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 18 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Location of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} (1212 Hoer) 119 N. Cullok st

Disease of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Drowning

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Loeyed St Cemetery

Date of Burial, December 30

Undertaker Jacob Ahrens

Place of Business, 498 W Balto St

E. Windsor M. D.
Medical Attendant.

Address, 23 N. Cullok st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keeper ... of Baltimore will make returns of all ...

No. 97009

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert...

Health Department, City of Baltimore.

97009 *Office of Registrar of Vital Statistics.* Ward 2

...ysician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

...f Death, December 28 - 1886

...me of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter F Staunell

Male or Female, {Cross out the word not required in this line.} Male

2 Years, 5 Months, 3 Days.

White

...ngle, Widow or Widower, {Cross out the words not required in this line.} Married

...on Porter

...ace, {State or country, and how long in the United States, if of foreign birth.} Balt City

...n of Residence in the City of Baltimore, always

...f Death, {Give Street and Number.} 11 E 407 S Central Av.

...of Death, {First (Primary), Phthisis pulm.
Second (Immediate), Exhaustion

...ion of Last Sickness, about 4 years

...e above information should be furnished by the Physician.

...f Burial, Holy Cross Cem

...Burial, Dec 31 1886.

...Henry McGinnis, L Abbinett M. D.
Medical Attendant.

...2006, Central Ave Address, 12 S Eden

...Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...cted and ordained. That whenever any person shall die in the said city, it shall be the ... is or her last sickness, or the Coroner, when the case comes under his notice, to ... Undertaker or other persons superintending the Burial, a certificate ... me, sex, age, and condition (whether married or single) of the person ...

7000-

97001

Pressure

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 97002 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30

CERTIFICATE OF DEATH.

Date of Death, Dec 30, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Theresa Sumner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Fredk ave

Cause of Death, First (Primary), Acute Bright's disease

Second (Immediate), Exhaustion ~~Uraemia~~

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, New cathedral cemetery

Date of Burial, Jan 1st 1887

Undertaker, Jos B Leach

Place of Business, No 1003 W Balto St

James Bayley M. D.
Medical Attendant.

Address, 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97003 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherin Brooks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give Street and Number.} 615 W. Pratt St Laceration of Cervix

Cause of Death, First (Primary), Cellulitis, after operation for laceration

Second (Immediate), 4

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 31st 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St. *Address,* ~~3~~ 1218 Madison Ave

P. D. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9700+ *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Asbury Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1724 McCabbin st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1 Yedr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, Dec 31st 1886

Undertaker, W W Madden

Place of Business, East st

James A Steuart M. D.

Medical Attendant

Address, Cor Pratt & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry M McKeown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 97005 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 ... BALTIMORE

27

CERTIFICATE OF DEATH.

Date of Death, Dec 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Malcolm Boyd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 3 *Years,* Mos *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Fifteen Yrs

Place of Death, { Give street and Number. } Balto University (n. Bond st)

Cause of Death, First (Primary), Atheromatous Blood vessels

Second (Immediate), Over Stimulation

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec. 30/886

Undertaker Geo. Rinehart

Place of Business, Health Dept'm't *Address,* 211 Broadway, —

Wm J Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert...

Health Department, City of Baltimore.

Permit No. 97046 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 18 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Buckingham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 230 Penna Ave

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31

Undertaker, [illegible]

Place of Business,

Geo W. Norris M. D.
Medical Attendant.

Address, 193 Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9707 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 30

H

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie McCulloh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Home

Cause of Death, First (Primary), ...

Second (Immediate), Eclampsia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Londenmark

Date of Burial, Dec 31

Undertaker, C M Blizzard

Place of Business, 1139 Pen ave

Thos S Latimer M. D.

Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9700

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9708 — *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lillie King

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Eleven *Months,* thirteen *Days*

Color, Mulatto

~~*Married,*~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carrollton. Baltimore Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 406 (new. no) Clinton Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Catenville Odfellows Cem

Date of Burial, Dec 31th 86

Undertaker, Carroll E. Handy

Place of Business, 139 West St

C. Hampson Jones M. D.
Medical Attendant.

Address, 1602 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 97409 *Office of Registrar of Vital Statistics.* Ward 2d

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Dredger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 217 S. Spring

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec. 31-86

Undertaker, W W Madden

Place of Business, 46 East

Wm. J. Cockrell M. D.
Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 97019 *Office of Registrar of Vital Statistics.* Ward 10 1

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora Thornton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* ~~Months.~~ ~~Days~~

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, ~~None~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 158 Pearl St

Cause of Death, First (Primary), Cerebral Effusion (Paralysis)

Second (Immediate), Coma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, B. A. Co. Md.

Date of Burial, December 31st 1886

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw *Address,* 55 N Green St

W. F. A. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97011 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is requested to fill out this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT DEC 31 1887 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 31st December 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wolfrum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 527 new / 183 S Charles

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 1st 1888

Undertaker, Armstrong Bro

Place of Business, 963 Light *Address,* 116 Barre

H. H. Mebel M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of C...

Health Department, City of Baltimore.

Permit No. 97012 *Office of Registra... Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 REGISTRATION DIVISION

CERTIFICATE OF DEATH.

D

Date of Death, December 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew J Evans

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 *Years,* 9 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give Street and Number. } 365 N Washington St

Cause of Death, First (Primary), Fibrous Phthisis.

Second (Immediate), Exhaustion -

Duration of Last Sickness, 12 - 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Jan 1, 1887.

Undertaker, Wm Hickman.

Place of Business, 234 N Gay *Address,* 55 N Green St.

W. F. A. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 97013 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, cd

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 102 Chestnut Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 102 Chestnut Ave

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Some weeks under my care - uncertain as to duration of sickness.

All the above information should be furnished by the Physician.

Place of Burial, W Pub. Cemetery

Date of Burial, Dec 31st 1886

W. J. Lacewood M. D.
Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address* Baltimore Md - 86

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9701f *Office of Registration of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 12. 30. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Marshall

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, (88) 89 *Years,* 4 *Months,* 18 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Parlant

Duration of Residence in the City of Baltimore, 86 Years

Place of Death, {Give Street and Number.} 61 N. Freemont St

Cause of Death, First (Primary), Age

Second (Immediate), 1 Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 2nd 1887 Lewis M Eastman M. D.

Undertaker, L Lewis Schaefer Medical Attendant.

Place of Business, new # 316 N. Fremont St *Address,* 319 Lexington

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B

Health Department, City of Baltimore.

Permit No. 9705 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

CERTIFICATE OF DEATH. B

Date of Death, Dec 30 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Howe

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 146 Hanover st

Cause of Death, First (Primary), Dyspepsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec. 31st 1886

Undertaker, Martin Tahey

Place of Business, 126 & 128 W. Fayette st

J H Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97016 *Office of Registra[illegible] Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 31 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 30th Dec. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Humphrey Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} ✓

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give Street and Number.} No. 1 N. Calhoun

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), " "

Duration of Last Sickness, about 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 1/87

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

John Hood M. D.
Medical Attendant.

Address, 1403 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 97017 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} Corner St Paul & Lexington 1126 Md No 12

Cause of Death, First (Primary), Inflammation of Stomach with Valvular disease of Heart

Second (Immediate), Probably Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jany 2nd 1887

Undertaker, Evans & Speed

Place of Business, 1000 E Balto St

Geo. H. Vaughan M. D.
Medical Attendant.

Address, 316 N Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th

Health Department, City of Baltimore.

Permit No. 97018 *Office of Registra[illegible]al Statistics.* **Ward** 9 2

The Physician who attended any person in a last illness, is responsible for the prompt delivery of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

BALTIMORE DEPARTMENT DEC 31 1896 BALTIMORE MD

D

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C McCauley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Garbage Cart Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 117 E Calvert St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 31

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St *Address,* 171 N Caroline

Geo. B. Lynch M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C[illegible]

Health Department, City of Baltimore.

Permit No. 97019 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Dec "29" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Filmore Carroll.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 27. *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Oyster Dredger.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give Street and Number.} 13. Church St. Ext. Light & Charles

Cause of Death, First (Primary), Abcess on Left Knee.

Second (Immediate), Blood Poisoning (Septicaemia)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Jan 1" 1887

Undertaker, (W. A. Chase) John A Lemmon M. D.

Place of Business, Hill & Inman *Address,* Comm" of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E Duding = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Health Department, City of Baltimore.

Permit No. 17020 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is respectfully requested to present to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec "30" 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest. Stanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4. *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 96. Goodmans. Alley.

Cause of Death, First (Primary), Cold.

Second (Immediate), Catarrh

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan. 1" 1886

Undertaker, Hercules Ross.

Place of Business, Conway.

James A. Cummings M. D.

Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John. E. Dunning = Inspector

Board of Health, City of Baltimore,

Permit No. 9702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 31 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 30th 1886 at ½ past 5 o'clock a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Emma Harrod

Sex, ~~Male~~, *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 22 *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 18 Dorsey alley Balto. md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 18 Dorsey alley

Cause of Death { First, (Primary.) Whooping Cough
Second, (Immediate,) Set up Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1886

Undertaker, Earl M Chase

Place of Business, 64 E Lombard St

G. G. Richardson M. D.
Medical Attendant.

Address, Lombard & Pleasant Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 9/022 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEC 31 1894 REGISTRAR

B

CERTIFICATE OF DEATH.

Date of Death, Dec 30 / 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj E Forker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto co

Duration of Residence in the City of Baltimore, 54 yr

Place of Death, {Give Street and Number.} 2003 Orleans st

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 1st 95

Undertaker, Wm S Fry

Place of Business, 914 Broadway *Address,* 1013 Eden road

E H Schaeffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 99028 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 3 1886
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Karman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 6 old No Philpot Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 6 old No Philpot Alley City Balto

Cause of Death, First (Primary), Suffocation

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 4th 1886

Undertaker, S. Finkelson

Place of Business, 461 N Gay St

Thos Strahan M. D.
Medical Attendant.

Address, (New No) 928 E. Fay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 97124 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, December 31st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Stewart

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation, None ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 78 Years

Place of Death, { Give street and Number. } No 816 Park Avenue

Cause of Death, First, (Primary,) Fatty Degeneration of Heart

Second, (Immediate,) Angina Pectoris

Duration of Last Sickness, Heart not good for Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 2/87. H. P. Hewson M. D.

Medical Attendant

Undertaker Stewart & Mayne

Place of Business, 38 Park Ave *Address,* 814 Park Av:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9725 *Office of Registrar of Vital Statistics.* Ward 6 D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} 1906 E. Chase St.

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, 6 or 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1887

Undertaker, George Schilling

Place of Business, Ashland-Square *Address,* # 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97026 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH

Date of Death, Dec. 30th /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No. 1½ Clover alley

Cause of Death, First (Primary), Asthma

Second (Immediate), Cardiac disease

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 1st 87

Undertaker, Rob't Hemsley

Place of Business, 661 Orchard st *Address,* 78 Maryland ave.

F. P. Murphy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9702 7 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1887 BALTIMORE

CERTIFICATE OF DEATH. B

Date of Death, December 30. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1130 Russell St

Cause of Death, First (Primary), Burns

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 8 88

Undertaker, Mercer & Son

Place of Business, 96 Saratoga St. *Address* 405 W. Lombard St

J. T. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97028 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann M. Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1726 N. Calvert St.

Cause of Death, First (Primary),

Second (Immediate), Cancer Omenti

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 1/87

Undertaker, H. C. Wiedefeld

Place of Business, 101 Greenmt Ave

Jno. Brooke Ben[illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97029 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 31 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas R Mercer M.D.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 441 E. Lanvale

Cause of Death, First (Primary), Chronic Malaria and

Second (Immediate), Heart Disease (Mitral)

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 2d

Undertaker, H. C. Windsfeld

Place of Business, 100 Gremmit

M. B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97030 *Office of Registrar of Vital Statistics.* Ward 8 & 9

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* (2) hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1886 BALTIMORE, MD.

8

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Charles Infant Murphy.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 15 Minutes ~~Days~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 419 Park Ave,

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 419 Park Ave,

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Brae

Date of Burial, Dec 31st 1886 John T. Mumma M. D.

Medical Attendant.

Undertaker, [redacted]

Place of Business, 63 Penn Address, 511 Columbia Road

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rules on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97031 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Morris

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 56 Woodyard alt Child's- 18 Bed

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter Cem

Date of Burial, January 1 1887

Undertaker, Andrew Burke

Place of Business, 730 Penna Ave

C D Kruck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27032 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Grant Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sucking

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 92 Rabaury St

Duration of Residence in the City of Baltimore, One Week

Place of Death, {Give Street and Number.} 92 Rabaury St

Cause of Death, First (Primary), Enteritis

Second (Immediate), Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, N B Pub Cemetery

Date of Burial, Dec 31/86

Undertaker, F S Kershner

Place of Business, ...

J W Nolte M. D.
Medical Attendant.

Address, University Pkwy

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7033 *Office of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEC 31 1886 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Norwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, No Employment

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Parkin Street # 44

Cause of Death, First (Primary), Failure of heart action owing to old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Howard co Md

Date of Burial, Jan 1st

Undertaker, John J Bowan

Place of Business, 89 Hollins St *Address,*

E G Sparrow M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9934 *Office of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 66

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H. Varney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 65 N. Townsend St

Cause of Death, First (Primary), Ch: Enteritis

Second (Immediate),

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 2 1867

Undertaker, W Weaver

Place of Business, 202 N Eutaw

H. Johnston M. D.
Medical Attendant.

Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97035 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Leary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 64 Madison St.

Cause of Death, First (Primary), Chronic Heart Disease

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 2nd 1887

Undertaker, Holofernes Hearse

Place of Business, Park & Hanlon

C. E. Williams M. D.
Medical Attendant.

Address, 201 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7036

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE

Date of Death, Dec 31/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Daumann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Laurale near Fremont

Cause of Death, First (Primary), Premature birth

Second (Immediate), asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Jan 1st 1887

Undertaker, Hemphill & Son

Place of Business, Park & Saratoga

Address, 114 East ave

J. E. Chatard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 9703 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Myers

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 111 Hart av

Cause of Death, First (Primary), Fracture of Thigh

Second (Immediate), Pneumonia

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 11th

Undertaker, R. Harbo

Place of Business, 115 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 104 Hart av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 17038 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ogden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 5 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1838 Saratoga

Cause of Death, First (Primary), Pulmonia Haemorrhagica

Second (Immediate), "

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 2nd 1887

Undertaker, J B Cook

Place of Business, 1103 Baltimore

Elias C Price M. D.
Medical Attendant.

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9703 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1 1887 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Otto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Fatty degeneration of heart, Senile change

Second (Immediate), Cardiac Asthenia

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 2

Undertaker, J B Corse

Place of Business, 1003 W Baltimore

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9 7 0 4 0 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} Amity Street # 205

Cause of Death, First (Primary), Disease of the Heart

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem H Alphonsus. Cemetery

Date of Burial, Jan 2nd 87

Undertaker, Jos B Lech

Place of Business, 1003 W. Balt *Address,*

D G Sparrow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9704 1 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Zittinger B

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 7 *Months,* 23 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, butter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 1329 N. Eden St

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 3d/87

Undertaker, Geo Schilling

Place of Business, Balt & Eutaw

C. N. Thomas M. D.
Medical Attendant.

Address, 100 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97042 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Theresa Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1364 Calhoun St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 1st 1887

Undertaker, M Cashman

Place of Business, 209 Baltimore

Chas E Sutter M. D.
Medical Attendant.

Address, 200 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9704 3 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Briscoe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 8 Russell Terrace

Cause of Death, First (Primary),

Second (Immediate) Quantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 1st 1887

Undertaker, C W Chase

Place of Business, 198 S Howard

Thos A Hearn M. D.
Medical Attendant.

Address Eutaw & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Samuel Chaytor Surgeon

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 9 7044 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. S. Ives

HEALTH DEPARTMENT JAN 17 1887 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, cutter at shoe factory

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 86 old no. Druid Hill ave

Cause of Death, First (Primary), Phthisis.

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 2nd 1887

Undertaker, John J. Andrews

Place of Business, No 407 & 409 Druid Hill Ave *Address,* 922 Madison ave

G Lane Tanner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97045 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1 1887 BALTIMORE

Date of Death, January 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norma Henderson Ripple

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 610 N Gilmor St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 2/86

Undertaker, Denny & Mitchell

Place of Business, 330 W. Fayette

W. A. McKenzie M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 97046 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Dunnant Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 N Fulton ave

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jany 2nd 1887 M. D. Gamon M. D.

Medical Attendant.

Undertaker, Deeley & Nitsches

Place of Business, 53 & 55 W Fayette St *Residence Address,* 1 Fayette ave & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 97047 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1887 BALTIMORE

Date of Death, Dec 30 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Hunter Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 - *Years,* 11 - *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gas Fitter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 33 Pratt near Ch

Cause of Death, First (Primary),

Second (Immediate), Congestion of his Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 2nd 1887

Undertaker, C. F. Krauser & Son

Place of Business, 209 Hanover St.

Stevenson Carter M. D.
Medical Attendant.

Address, 510 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Sun.

Health Department, City of Baltimore.

Permit No. 77048 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia P. M. Stevens.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 10 *Months.* 13 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 594 Madison av.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Diarrhea - Exhaustion.

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, Jan. 1st 1887

Undertaker, H. A. Dauer, Atty

Place of Business, 74 E. Balt.

R. Hee Goldsmith M. D.
Medical Attendant.

Address, Harlem av & Calhoun

JAN 1 1887 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9704 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie. S. Bush

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Hughes & Light Sts

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 2/8

Undertaker, Armstrong & Co

Place of Business,

I. C. Bush M. D.
Medical Attendant.

Address, 151 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Disease on Back.

Health Department, City of Baltimore.

Permit No. 97050 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 0 *Months,* 6 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 39 So. Eden

Cause of Death, First (Primary), Cirrhosis Kidneys

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 2 1887

Undertaker, M. Celeste & Son

Place of Business, 72 S Bond

Wm. L. Dixon M. D.
Medical Attendant.

Address, 704 E. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97051 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Meyers (Meyers)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 5' *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City / 13 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 108 Hanover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, January 2

Undertaker, B. H. Hale

Place of Business, 1151 West St *Address,* 815 Light St.

R. H. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97052 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Dec 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Bünger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, {Give Street and Number.} Balto. University Hospital N. Bond St

Cause of Death, First (Primary), Fracture of Base of Brain

Second (Immediate), Vital Depressed

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem.

Date of Burial, Dec. 2nd 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Ave *Address,* 2 N. Broadway

Wm. T. Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reports as Below, and to List of Diseases on Page

Health Department, City of Baltimore.

Permit No. 97053 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give Street and Number.} # 8 Towson St. Locust Point

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Md. Cemetery Co.

Date of Burial, Jan. 2nd 1887

Undertaker, H. Sauder & Son

Place of Business, 1710 Eastern Ave. *Address,* # 1709 Alice Anna

John H. Rehberger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97054 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vansant Lardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 19 S. Carrollton Ave

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 2nd 1887

Undertaker, Jos B Cook

Place of Business, No 1003 W Baltimore

F. Ricketts, M. D.
Medical Attendant.

Address, Penna Ave & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9 0255 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 31 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Michael Mack

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* —— 22 *Days.*

~~*Color,*~~ White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Ld 816 W. Pratt St

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 2

Undertaker, Joseph B Cook

Place of Business 1003 W Baltimore St *Address,* 1521 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97056 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olympia –

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* / *Months,* ——— *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asy

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion.

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Jan 2. 1886

Undertaker, John Masterson

Place of Business, Division St. Address, 1701 Dr. Hill ave.

F. J. Flannery M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9705 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Blöthramp

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} 260 E. Lombard St. (old No)

Cause of Death, First (Primary), Cancer of liver

Second (Immediate), asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, Jan 3th 1887

Undertaker, H Blothramp Jr

Place of Business, 1709 E. Lombard St

Jno. S. Lynch M. D.
Medical Attendant.

Address, 45 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis[illegible] Ba[illegible]

Health Department, City of Baltimore.

Permit No. 97058

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Wills

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Pine & George

Cause of Death, First (Primary), Cardiac Thrombosis

Second (Immediate), Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemty

Date of Burial, June 3 1887

Undertaker, Jas F. Byrne

Place of Business, 213 N Liberty St

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97057 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 4

Place of Death, {Give Street and Number.} 333 Winter

Cause of Death, First (Primary), Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1887

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. H. Ellis M. D.
Medical Attendant.

Address, 915 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 47060 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Hankiel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} —

Occupation, — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, about 4 months

Place of Death, {Give Street and Number.} 1020 N Gay St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Uraemia

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Jan 2 1887

Undertaker, John W Jackson

Place of Business, Gay & Centre St *Address,* 604 N Gay

Thos J Symmis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 7061 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give Street and Number.} 202 Chestnut St

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 3d

Undertaker, H. C. Winebold

Place of Business, 916 Fremont Ave

Le. B. Reynolds M. D.
Medical Attendant.

Address, 171 W. Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97062 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, 2nd January 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Fallon

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 26 Leest

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bonnez Bray Cemetery

Date of Burial, Jany 4

Undertaker, Michael Doyle

Place of Business, 200 Charles St

D. H. Mabbett M. D.

Medical Attendant.

Address, 106 Barre[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore:

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 9763

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wolf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Slater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, {Give Street and Number.} 913 Leadenhall St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), " Septicemia

Duration of Last Sickness, Abt Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 3d

Undertaker, Henry Boiler

Place of Business, Hanover 112 Nth *Address,* 841 N. Eutaw St

D. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 7064 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roderick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Pneumonia Lobar

Second (Immediate), Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dublin Lot

Date of Burial, Jan 31 1886

Undertaker, E Rinehart

Place of Business, Health Office

J. W. Freund M. D.

Pd. Surg 3rd Sec. Medical Lieutenant.

Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17065 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Jany 2.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Young

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 3 0 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

Occupation, Carter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 12 Stockholm st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, January 4

Undertaker, B. Wahle

Place of Business, 115 West st *Address,* 151 Hanover st

I C Burch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9966 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1887

C

CERTIFICATE OF DEATH.

Date of Death, January 2 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Latisia Geddes

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 3 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 570 - Baker St -

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 18 - Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 4

Undertaker, Walter Inmed

Place of Business, 594 W. Bid[illegible] *Address,* Carey & Breesman

H J Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 5 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chicago, Ill.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 1405 E. Fifth st

Cause of Death, First (Primary), —

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 4th

Undertaker, Geo Schilling

Place of Business, 4 & E Cand Square

W. B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B

Health Department, City of Baltimore.

Permit No. 97068 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 2 - 5 P

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Robt Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 214 N Edw

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 214 N Edw

Cause of Death, First (Primary), ...

Second (Immediate), Difficult Labor

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 3d

Undertaker, Geo Schilling

Place of Business, 2 & Hand Sym

D. V. Moyer M. D.

Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97069 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Huston

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States if of foreign birth.} Queen Town Md.

Duration of Residence in the City of Baltimore, 2 mo.

Place of Death, {Give Street and Number.} 1308 Rutter St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Abt one Year

All the above information should be furnished by the Physician.

Place of Burial, Church Cemetery

Date of Burial, Jan 18 1887

Undertaker, S H Chase

Place of Business, 698 Howard St

Chas. A. Bell M. D.
Medical Attendant.

Address, 841 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97070 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian M. Gadd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hair Braider

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give Street and Number.} 413 Light St.

Cause of Death, First (Primary), —

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 4/887

Undertaker, [illegible]

Place of Business, [illegible] *Address,* Hanover St.

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9707 / *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st Dec 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barton Inman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 10 E Henrietta St

Cause of Death, First (Primary), Organic Disease Heart

Second (Immediate), of chronic origin

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 3 1887

Undertaker, [illegible]

Place of Business, 962 Light St

H. W. Ohings M. D.
Medical Attendant.

Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97072 — *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Cook.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Newnan Springs. Ala.

Duration of Residence in the City of Baltimore, 11 months.

Place of Death, {Give Street and Number.} 352 S Eutaw St.

Cause of Death, First (Primary), Changer of life

Second (Immediate), Paralysis.

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 3/887

Undertaker, Armstrong

Place of Business, 96 Light St *Address,* 1039 W. Broadway

John H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9707 3 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, Jan 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth F. Dunham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 416 Mulberry St.

Cause of Death, First (Primary), Fibroid Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va.

Date of Burial, Jan 3rd 1887

Undertaker, Crenshaw

Place of Business, 263 Light

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9707 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ferry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give Street and Number.} 43 Lee St

Cause of Death, First (Primary), Chronic Softening of Brain

Second (Immediate), Coma

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 4th 1887

Undertaker, C. T. Hanson Son

Place of Business, 705 Hanover

D. E. L. H. Buckey M. D.
Medical Attendant.

Address, 18 Cumberland St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97075 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Mork

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 34 Styles St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Dropsy, Cerebral Effusion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, ~~Jan 4th~~ Mt Carmel Cemetery

Date of Burial, Jan 4th

Undertaker, Wm Rowlas

Place of Business, 249 Aliceanna Sts

A R Duncan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 97076 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 2 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 170 Mulliken st

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 3 1887

Undertaker, William A Gray

Place of Business, 150 East St *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9707

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 6 mo

Place of Death, {Give Street and Number.} 215 Penitentiary Alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Shamrock Cemetery

Date of Burial, Jan 3 1887

Undertaker, William A Dugee

Place of Business, 150 East St

Medical Attendant. *M. D.*

Address, 216 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 97078 *Office of Registrar of Vital Statistics.* Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Mill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 123 N. Spring St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3 1887

Undertaker, William A Degee

Place of Business, 150 East St

S S Leech M. D.
Medical Attendant.

Address, 19 Bible

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 27079 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 2 Bruce Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 23/86

Undertaker, Wm H. Rayer

Place of Business, 150 East St

James A Steuart M. D.
Medical Attendant

Address, Camp & B & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E. Brown
Coroner

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 97080 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Callahan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 2 *Days.*

Color, /

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 623 19 E Montgomery St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 3 1886

Undertaker, H. Bass

Place of Business, 95 Eastern Ave

H W S Boze M. D.

Medical Attendant.

Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97081 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Frat. H 155 Hughes St

Cause of Death, First (Primary), A Phthisis

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 5 1887

Undertaker, H Ross & Co

Place of Business, 25 Dover St. *Address,* 177 Sharp St

C. W. Pope M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97084 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Sedden (Col'd mother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Wilmer Alley # 1223

Cause of Death, First (Primary), Debility or want of Strength

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Jan 3 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,*

L. G. Spence M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 27083 Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, January 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen O. Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 55 Harrison St

Cause of Death, { First (Primary), ... Convulsions

Second (Immediate), ...

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, Wednesday 5th '87

Undertaker, Patrick Kelly

Place of Business, 55 Harrison *Address,* 71 N Caroline St

Geo B. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9708 ½ *Office of Registrar of Vital Statistics.* Ward 9 c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 3 1887
BALTIMORE MD.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 31, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alpheus A Townsend

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Delirium tremens

Second (Immediate), Sudden Heart failure

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, Jany 4th 1887

Undertaker, Stewart & Mowris Harry Friedenwald M. D.
Medical Attendant.

Place of Business, 735 Park ave Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4489 Transcript

[OVER.]

Health Department, City of Baltimore.

Permit No. 97085 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1887

C

CERTIFICATE OF DEATH.

Date of Death, December 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Leffler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} No 530 S. Caroline st

Cause of Death, First (Primary), Erysipelas (Facial)

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, W. Cemetery

Date of Burial, Jan. 3. 1887

Undertaker, H. Sanderson

Place of Business, 1710 Eastern Ave

Thomas B. Evans M. D.
Medical Attendant.

(Num) 121
Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97086 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James C Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 124 (old No) N. Bond St

Cause of Death, First (Primary), Chronic Cataract.

Second (Immediate), Heart Clot

Duration of Last Sickness, about 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 4th /87

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

C. C. Williams M. D.
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 97087 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas P. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 112 N Holliday St.

Cause of Death, First (Primary), Chills and Fever

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Jan 3rd 87

Undertaker, Geo Rinehart

Place of Business, City Hall

James A Steuart M. D.

~~Medical Attendant.~~

Address, Court St & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sec by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

—[over.]

L. F. Fitzpatrick Sanitary Inspector

Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 97088 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eberhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} Saratoga St & Pike St N.W. Cor

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Exhaustion.

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 4th 1887

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St

J. Rickert. M. D.
Medical Attendant.

Address. Penna Ave & Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 97089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 2 — 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F Mathews

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, President Baltimore Hoven Mine Mat

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Maryland

Duration of Residence in the City of Baltimore, About Twenty two ye

Place of Death, {Give street and number} 706 N. Carey st

Cause of Death, First, (Primary,) Disease Contracted in the Arm

Second, (Immediate,) Hemorrhage

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 4. 1887.

E. M. Price M. D

Medical Attendant.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St *Address,* 602 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97090 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Mahe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 60 S Howard St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 4th 1887

Undertaker, Ph. Seewalds

Place of Business, 647 S. Eutaw *Address,* 647 W Lombard St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9791

Office of Registrar of Vital Statistics.

Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lothaire Baumann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 72 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 626 Chimney Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Marasmus

Duration of Last Sickness, Week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 4 / 1887

Undertaker, A. Rosenberger & L. Weinheimer

Place of Business, 61 Park Ave Address 120 N Howard St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97092. *Office of Registrar of Vital Statistics.* Ward 14 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard H. Smith,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City — Life —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 South Arlington Ave

Cause of Death, First (Primary), Membranous Croup,

Second (Immediate), Exhaustion & Lung Congestion

Duration of Last Sickness, Four days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 4th 1887

Undertaker, Lamy & Mitchell

Place of Business, 550 W. Fayette St. *Address,* 565 Fayette St

E. A. Lamy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97093 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of his certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1887

54

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 1/2 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Waterside

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 5 1887

Undertaker, C. M. Blizzard

Place of Business, 1132 Eutaw av

T. A. Ashby M. D.
Medical Attendant.

Address, 1125 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9709 4 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of his Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 3 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha Ayer
Agatha Ayer

Sex, Male or Female, {Cross out the word not required in this line.} ~

Age, ~ *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1/2 add'd Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1117 Rose St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan. 4th 87

E. J. McGinn, M. D.
Medical Attendant.

Undertaker, G. Frances

Place of Business, 9 Gant & Wolfe Sts. *Address,* 2826 Elm St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

For Special Attention of ... Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 27095 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 1116 Eastern Ave

Cause of Death, First (Primary), Inflammation of

Second (Immediate), Stomach

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alyson

Date of Burial, June 4

Undertaker, [illegible]

Place of Business, 1111 West St

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97096 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1887 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, January 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *~~Months~~,* *~~Days~~.*

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Baltimore Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 38 Durk st

Cause of Death, First (Primary), Epithelioma (cancer of the face)

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jany 4 1887

Undertaker, H. Sanderson

Place of Business, 1718 Canton Thomas B. Evans M. D.

Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9797

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Dillon.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 30 yrs,

Place of Death, {Give Street and Number.} 501 Carlton St.

Cause of Death, First (Primary), Insanity.

Second (Immediate), Coma.

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 5. 1887

Undertaker, Martin Fahey

Place of Business, 428 W Lombard

John S Pennington M. D.
Medical Attendant.

Address, 505 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97098 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} Little Wash St 14-26

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Jan 4 1887

Undertaker, Martin Fahey

Place of Business, 128 W Lowen *Address,*

L Gresham M. D.
Medical Attendant.

Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 97199 *Office of Registrar of Vital Statistics.* Record 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1887 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 21 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Stockholm st

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid St Cemetery

Date of Burial, Jan 4 1889

Undertaker, H. Ross

Place of Business, 15 Commerce St

Jno D Blake M. D.
Medical Attendant.

Address, 158 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 97109

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoffeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1805 S. Hanover Ave

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jany 4th 1887

Undertaker, [redacted] & Sons

Place of Business, [redacted] Gay *Address,* [redacted]

J. W. Edmunds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 9701 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, January 3. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Gored

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12 S. Exeter St.

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 5th 1887

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore

J. W. Hoch M. D.
Medical Attendant.

Address, 1005 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9702 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 820 Woodland St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jany 5th 1887

Undertaker, Wm Tickner

Place of Business, 221 S. Eutaw St

J. A. Bauhan M. D.
Medical Attendant.

Address, 917 E. Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97103 *Office of Registrar of Vital Statistics* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 1st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Shivers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 627 S. Paca St.

Cause of Death, First (Primary), Carcinoma - Abdominal -

Second (Immediate), Asthenia

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany 4th 1887

Undertaker, Wm J Tickner

Place of Business, 221 S. Eutaw St *Address,* 659 Franklin St

D. H. Miles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9710 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ Jan 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Henson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cheslin Town, Md

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give Street and Number.} No 96 Raborg St,

Cause of Death, First (Primary), Labor

Second (Immediate), Puerperal Septicaemia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 4th 1887

Undertaker, Wm. Smith

Place of Business, 38 Raborg St *Address,*

E. J. Bishard, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Line of Disease or Ma...

Health Department, City of Baltimore.

Permit No. 9705

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 11, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ruths

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Ofs No 358 N. Broadway

Cause of Death, First (Primary), ...

Second (Immediate), Cyanosis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 5 th 1887.

Undertaker, John Hennig

Place of Business, 382 Orleans

Walter T. White M. D.
Medical Attendant.

Address, 1101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9706 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 and 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} old No 5 Garrett ave near Fort. L. Point

Cause of Death, First (Primary), Puerperal Inhaemia

Second (Immediate), Prostration

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, H Patrick C

Date of Burial, January 4

Undertaker, B. Wade

Place of Business, 115 West Pr

E. L. Buddenbohn M. D.
Medical Attendant.

Address, 116 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9707

Office of Registrar of Vital Statistics.

JAN 4 1887

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Jany. 1 — 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 15 Horn St.

Cause of Death, First (Primary), Acute Pneumonitis

Second (Immediate),

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemet

Date of Burial, Jan 4th 1887

Undertaker, Geo. Kirchhart

Place of Business, Health Office

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97108 *Office of Registrar of Vital Statistics* 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G. Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 48 South Schroeder

Cause of Death, First (Primary),

Second (Immediate), Softening of the Brain

Duration of Last Sickness, About Three years

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Jan 5th 1887

Undertaker, Jos B Booth

Place of Business, 803 W Balto St *Address,* 702 West Fayette

D. T. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9709 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JAN 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, Jan 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich[c] Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 123 N. Amity St

Cause of Death, First (Primary), Chronic Bronchitis Catarrh

Second (Immediate), with Valvular heart disease

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 6th 1887

Undertaker, Jos B Cook

Place of Business, No 1003 N Balt[o] Edw[d] F. Mechlem M. D.

Medical Attendant.

Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Health Department, City of Baltimore.

Permit No. 97110 *Office of Registrar of Vital Statistics.* Ward 12 a.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David & Mary Stewart's Infant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 9 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 140 Hoffman St

Cause of Death, First (Primary),

Second (Immediate), Ixanition

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 4/87

Undertaker, W. F. Gray

Place of Business, Mulberry St *Address,* Town

John A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Ed E Jones
Coroner

Health Department, City of Baltimore.

Permit No. 9711 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Stuart.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 70 *Years,* *Months,* *Days*

Color, White.

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, United States

Place of Death, {Give Street and Number.} 107 Jackson Sq. Ave.

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Jan 6th 1887

Undertaker, Denny & McTeteell

Place of Business, 268 S. Broadway *Address,* 1113 Fulton Ave

Chas. H. Nibb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9712 — *Office of Registrar of Vital Statistics* — Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Glenn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years*, ——— *Months*, ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 136 Harrison

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 5th 1887

Undertaker, Ernest Schlosser — *Martin Warfield* M. D.

Medical Attendant.

Place of Business, 181 Straus — *Address*, Balt & Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97113 *Office of Registrar of Vital Statistics,* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jany 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm F Kies

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, Pensioner Bay Veteran Asylum

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 937 N Charles

Cause of Death, First (Primary), Heart disease

Second (Immediate), " "

Duration of Last Sickness, about half hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 6th 1887

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & ~~Mt Royal & Boundary aves~~

C B Gamble M. D.
Medical Attendant.

Address, 5 E Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9714 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JAN 4 1887

74

CERTIFICATE OF DEATH.

Date of Death, January 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hammond Akland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Jan 5, 1887

Undertaker, Geo. Kohlhepp

Place of Business, 308 Franklin St.

William S. Gardner M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97115

HEALTH DEPARTMENT JAN 1887 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Stafford

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1435 Wincent alley

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Capillary Bronchitis 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Clark St Cem

Date of Burial, Jan 5th 1887

Undertaker, Alex Hemsley

Place of Business, 56 Orchard St

O Edw Jamuy M. D.
Medical Attendant.

Address, 832 N Eutaw pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 97116 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, January 3 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. G. Pitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months.* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Medical Student.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} American (U.S.)

Duration of Residence in the City of Baltimore, Three Months.

Place of Death, {Give Street and Number.} 604 N. Calvert St

Cause of Death, First (Primary), ...

Second (Immediate), Acute Gastritis.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Scotland Cem. Md.

Date of Burial, Jan 7th 1887

Undertaker, J. Ahrens & Co

Place of Business, 448 N. Balto. St.

George H. Rohé, M. D.
Medical Attendant.

Address, 611 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4490 Trans

Health Department, City of Baltimore.

Permit No. 9717 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 5

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 2, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 19. *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Balto Co. V

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give Street and Number.} Md. Genl. Hospital

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Haemorrhage Pulmonary,

Duration of Last Sickness, Four Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 5th 1886

Undertaker, H. Stock

Place of Business, Central Ave

Robt Bond M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9118

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 3, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Fleischer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 10 *Months,* 13 *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 1943 W Lombard

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 5, 1887

Undertaker, Jno T Poulton

Place of Business, 2009 Fredk Ave

James O Bosley M. D.
Medical Attendant.

Address, 319 W Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9119 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Krautz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar — maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1020 S. Charles St

Cause of Death, First (Primary), Phthisis pulm.

Second (Immediate), Asthenia

Duration of Last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, West Am Cemetery

Date of Burial, January 6" 1887

Undertaker, Bernard Hahn

Place of Business, 115 West St. *Address,* 170 S. Stricker St

J Wm Gordon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97120 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec Sunday 5-1a-1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Branch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 12 16 N Charles

Cause of Death, First (Primary), Convulsions - Eclampsia

Second (Immediate), — —

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, Issepton Va

Date of Burial, Jan 6 1887

Undertaker, Alex. Kennedy

Place of Business, 541 Orchard st

C B Gamble M. D.
Medical Attendant.

Address, 59 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4491 Transit

[OVER.]

Health Department, City of Baltimore.

Permit No. 9712/ *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jany 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Diggs

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 15 N Duncan St

Cause of Death, First (Primary), Inflammation of Stomach

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 5 1887

Undertaker, B W Chase James Bailey M. D.

Medical Attendant.

Place of Business, 198 Howard St *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9712 2 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W. Brake (Burke)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* 3 *Days* 8

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give Street and Number.} 713 Hanover St

Cause of Death, First (Primary), Bilious Remittent Fever and Gastritis

Second (Immediate), Paralysis of the heart

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Fredrick City

Date of Burial, January 6th 1887

Undertaker, Daniel Flynn

Place of Business, New No 42 & West St *Address,* 426 N Eutaw St

D F Phillips M. D.
Medical Attendent.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4494 Transcript

[OVER.]

Health Department, City of Baltimore.

Permit No. 97123 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 4, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 Wayne Av

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, June 5 1887

Undertaker, H. Ross

Place of Business, 15 Eastern Ave *Address,* 319 Hallins Av

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97124. *Office of Registrar of Vital Statistics.* Ward 15 9/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, January 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louisa Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Twenty *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Knoxville~~ Tennessee

Duration of Residence in the City of Baltimore, about Nine Months

Place of Death, {Give Street and Number.} 57 York St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Spasms

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 5th 1887

Undertaker, James P. Byrne

Place of Business, N. Paca St *Address,*

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97125 *Office of Registrar of Vital Statistics.* Ward 17th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ January 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Hooper

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dress-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give Street and Number.} 6 Randall St

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 7th 1887

Undertaker, Robt J Meeker

Place of Business, 11 Hanover

O. A. Cooke M. D.
Medical Attendant.

Address, 104 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9126 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Wilhauck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, Four years

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Septicaemia (after Typhoid Fever)

Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, W. O. Cemetery

Date of Burial, Jan 5, 87

Undertaker, Fritz Kirchner

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9727 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, January 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Michael Luber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 5 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tayler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # Valley Street (near Preston)

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, January 7 1887

Undertaker, Henry Hecht

Place of Business, 309 N Conk ave *Address,* # 109 Aisquith St

Chas Henry Nees M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9112 8 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany. 4/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Evanoch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Odd no. 22 Moyer St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cr

Date of Burial, Jany. 5/87

Undertaker, Frank. Evach

Place of Business, 829 N Durham Address.

J. H. Callenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9729 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A Von Janken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1707 Little Ann St

Cause of Death, First (Primary), Hemorrhage from Navel

Second (Immediate), I did not see the child. The midwife who attended it,

Duration of Last Sickness, The Woman Gives me that [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5 1887

Undertaker, William Burgan

Place of Business, [illegible]

[illegible] *M. D.*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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CERTIFICATE OF DEATH.

97130 (To be Retained by Physician.)

Date of Death, Jan 5th 1887

Name of Deceased, Joseph H. Hess

Sex, Male or Female, —

Age, 4 years Six mos

Color, White

Occupation, —

Birthplace, Baltimore

Duration of Residence in B. C. —

Place of Death, National Bank
Lombard & over 1st

Cause of Death, First, (Primary,) Catarrh
Second (Immediate,) Dysentery

Duration of last Sickness, 6 days

REMARKS.

Notified by Dr Bell
to Undertaker Wm Ecker
and Parents Residence
New Cathedral
1619 Eutaw
Jan 6.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

Permit No. 7131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Brooks Ely

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn - N.Y.

Duration of Residence in the City of Baltimore, Births

Place of Death, {Give street and number.} 807 Arlington Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn New York

Date of Burial, Jan 6th 1887

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & Mt Royal & Boundary aves

J Ramsey Hill M. D.
Medical Attendant.

Address 807 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 9732 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 4 July 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Emery Dawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1518 W. Pratt St

Cause of Death, First (Primary), Membranous Croup,

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 6th 1887

Undertaker, Wm. J. Tucker

Place of Business, 521 S. Eutaw St *Address,* 1403 W. Fayette

John L. Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 17133 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Chas~~ Rowlos Alex Cropes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co Md.

Duration of Residence in the City of Baltimore, 16 Years -

Place of Death, {Give Street and Number.} 22 Oxford St.

Cause of Death, First (Primary), Phthisis Pulmonalis -

Second (Immediate),

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 6 1887

Undertaker, B H Chase

Place of Business, 16 Hanover St

S. K. Merrick M. D.
Medical Attendant.

Address, 420 W Biddle St,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7134 *Office of Registrar of Vital Statistics.* Ward 16 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Jan 3 rd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 3 *Months,* 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 249 S. Howard St

Cause of Death, First (Primary),

Second (Immediate), Consumption 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 6th 1887

Undertaker, Saml W. Chase

Place of Business, 641 S. Howard St *Address,*

C. McHale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97135 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Price.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, About 22 years.

Place of Death, {Give Street and Number.} 55 S. Carrollton av.

Cause of Death, First (Primary), Consumption.

Second (Immediate), "

Duration of Last Sickness, About 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 7th 1887

Undertaker, L. M. Leonard & Son

Place of Business 782 W. Baltimore *Address,* 1039 N. Broadway.

John H. White. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 97136 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gwinn (Gwinn)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All her life except 7 years

Place of Death, {Give Street and Number.} 375 Franklin Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 7th 1887

Undertaker, S. H. Leonard & Son

Place of Business, 172 W. Baltimore

M. D. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9713 7 *Office of Registrar of Vital Statistics.* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Holland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 3013 Hudson St. Canton,

Cause of Death, First (Primary), Phthisis Pulmonales

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Jan 7, 1887, } John H. Rehberger M. D.
Medical Attendant.

Undertaker, Henry McCurtis,

Place of Business, ~~Ann & Aliceanna~~ *Address,* #1709 Alice Anna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97138 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Krause

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore All her life

Place of Death, {Give Street and Number.} 1103 Coach Alley

Cause of Death, First (Primary), ...

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, January 6th 1887

Undertaker, Julius Kochler

Place of Business, Sharp & Cross *Address,* 510 Hanover St

Howard Co. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9713 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Grimmel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66. *Years,* 11 *Months,* 11 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 220 – 710 S. Charles st

Cause of Death, First (Primary), Degeneration of Kidney & Pigment Liver

Second (Immediate), Prostration

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 7th 1887

C. L. Buddenbohm M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Bros & *Address,* 166 – 610 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9170 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Janu. 5th. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Hecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 17 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B'klyn

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1521 N. Broadway

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Ex Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Edenwald Cemetery Philad'a

Date of Burial, Dec'd.

Undertaker, Henry Linder

Place of Business, Canton av

Jno. L. McGinn M. D.
Medical Attendant.

Address, 44 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7147 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, ~~Edward F. Kelly~~ Jan 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Kelly

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 28 Years, — Months, — Days

Color, White

~~Married,~~ *Single, Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Bartender

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 218 O. Eutaw St

Cause of Death, First (Primary), ~~Hydrothorax~~ Rheumatism of Heart

Second (Immediate), Pericarditis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 6 1887

Undertaker, C. F. Kranserson

Place of Business, 209 Conover

Gustav Bibbin M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9142 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donovan Hoffman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1570 N. Gilmor St.

Cause of Death, First (Primary), Cerebral Haemorrhage.

Second (Immediate), Heart Paralysis.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 6th 1887

Undertaker, John J. Andrews

Place of Business, No 407 & 409 Druid Hill Ave

Spencer H. Free M. D.
Medical Attendant.

Address, 1528 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9173 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 5. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lufu Lei White.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months* ..... *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 21 Jackson St

Cause of Death, First [redacted]

Second (Immediate), Capillary Bronchitis.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Fowler Park Cemetery

Date of Burial January 7 1887

Undertaker, John Lake

Place of Business, 1429 Pratt St

J. N. Hanck M. D.
Medical Attendant.

Address, 1005 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9744 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 5, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas Okeefe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1317 Hallin Pl

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, Jan 6th 1887

Undertaker, Jas B Cook

Place of Business, 1003 W Baltimore St

James Bailey M. D.
Medical Attendant.

Address, 319 Hallin Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97145 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Combs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. County

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} 1717 S. Charles

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wood Berry Cemetery

Date of Burial, January 6 "1887

Undertaker, Bernard Harle

Place of Business, 82 West St

R. H. Ellis M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97146 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Eichelberger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give Street and Number.} 40 Penn St

Cause of Death, First (Primary), Chronic debility

Second (Immediate), Exhaustion

Duration of Last Sickness, Last month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 6th

Undertaker, F. Lewis Schaefer

Place of Business, 316 N Fremont St *Address,* 816 W Fayette St

W. H. Carr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is positively invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 16 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 5 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Kraemer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* —— *Months,* —— *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 1010 E Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Jan 7 1889

Undertaker, Hercules Ross

Place of Business, 95 Centre St

Jno D Blake M. D.
Medical Attendant.

Address, 1588 Lucas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9148. *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan" 5" 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo" Washington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~~~ *Years,* 3 *Months,* ~~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington DC.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give Street and Number.} 23 Guilford alley.

Cause of Death, First (Primary), Cold.

Second (Immediate), Pneumonia

Duration of Last Sickness, Two. Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Sub" Cem

Date of Burial, Jan 5" 1887

Undertaker, F.A Kerchner

Place of Business, City

James A Steuart M. D.
Medical Attendant.

Comm" Health's Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Dudley = Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 9749 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 6th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 82 Exeter St

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 6th 1887

Undertaker, J. E. Payne

Place of Business, N. Front St. *Address,* Camden & N

Thos A Steiner M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ep Cr

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

C. V. Fitzpatrick Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 97150 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 5th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 83 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Fells point Cemetry

Date of Burial, Jan. 6-87

Undertaker, Jacob Ahrens & Co

Place of Business, 626 W. Balto. St — *Address.* 460 Cathedral St.

H. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9715 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beatrice Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 539 Eutaw Place (Old No).

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Suffocation Catarrh

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Sholam Cemetery

Date of Burial, Jan 6

Undertaker, Jacob Ahrens

Place of Business, 626 W Balto St

J. E. Hutchinson M. D.
Medical Attendant.

Address, 655 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9152 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lapar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Lady V

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bruce St # 21

Cause of Death, First (Primary), Burns received from open grate stove, heated by fire, while parents were absent

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, January 6 1887

Undertaker, Wilcinn & Dungee

Place of Business, 150 East St

L G Spanow M. D.
Medical Attendant.
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 9753

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Frank Bogue~~ Jan 5, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bogue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart Failure

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 6 1887

Undertaker, Jas P Byrne

Place of Business,

W. S. Sadler M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 97154 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 5th. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura V. Howard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 13 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } — Single — V

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 260 S. Chapel St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Ascites?

Duration of Last Sickness, About 5 Weeks

All the above information must be furnished by the Physician.

Place of Burial, M. E. Cem. Phila. Road

Date of Burial, Jan 7th 87

Undertaker, G. Frank

Place of Business, Park & Wolfe Sts.

T. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 708 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 27155 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Fischer Saulsbury

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 307 E. Eldersley St. upt.

Cause of Death, First (Primary), ~~Empt~~ Extensive laceration of cervix uteri from

Second (Immediate), Puerperal Septicaemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 7th 87

Undertaker, G. Grance

Place of Business, 2 Jan & Holt *Address,* 2000 E. Balt. St.

G. Glanville Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97156 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 6 1887

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Driver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Potters Cy Caroline Co. Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} No 4 Vine St

Cause of Death, First (Primary), Puerperal Fever, Metastatic abscesses

Second (Immediate), [illegible] Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Jan 6 1887

Undertaker, H C Ross

Place of Business, 94 E Balto St *Address,* University Hospital

J. R. Hott *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the letters below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 9715 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Stewart to Infant

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 140 Hoffman St

Cause of Death, First (Primary), —

Second (Immediate), Insanitation

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8th 87

Undertaker, W. J. Gray

Place of Business, —

Thos A Stewart M. D.

~~Medical Attendant.~~

Address, Cumb Md & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97158 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 4. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James N. Norris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Lumber merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1500 E. Lanvale St. ✓

Cause of Death, First (Primary), Senility

Second (Immediate), ...

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 6 87

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave *Address,* 305 N. Caroline St.

J. W. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9715 9 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6

B

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas E Shubin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S. Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 47 Eden St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, Jan 8th

Undertaker, M. Clarke & Son

Place of Business, 92 O St *Address,* 2826 Eden St

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 97160 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6

74

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1887 11.50 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Peters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} House of the Friendless - David Hill Av.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia - Bowlar Effusion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 7—87

Undertaker, Wm Wade

Place of Business, 202 E Eutaw

Chas Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 27161 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary A Monahan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 74 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 66 N. Front St

Cause of Death, First (Primary), Abdominal Tumor

Second (Immediate), With Dropsy

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 7 1887

Undertaker, Jos P Byrne

Place of Business, Front St *Address,* 707 W Lombard

Chas T Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 97162 *Office of Registrar of Vital Statistics* Ward 20th

HEALTH DEPARTMENT JAN 7 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 10.45 A. M. Jan. 6 - '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Steinbrenner -

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* 12 *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth,} France - 50 years in U. S.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give Street and Number.} 1035 Myrtle Avenue.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 7th 1887

Undertaker, H. Louis Schaefer

Place of Business, 316 Fremont Ave *Address,* 1035 Myrtle Ave.

Dora Steinbrenner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97163 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 7 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy J. Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Morocco Dresser

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 911 Clifton Place

Cause of Death, First (Primary),

Second (Immediate), Consumption & Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 7th 1887

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St *Address,*

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore

Permit No. 9716 Office of Registrar of Vital Statistics. Ward 9th

BALTIMORE MD. JAN 4 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH

Date of Death, Jany 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aletha Rosalina Smoot

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia Lancaster Co

Duration of Residence in the City of Baltimore, abnt 16 years

Place of Death, {Give street and Number.} 80 St. Paul St. old style

Cause of Death, First (Primary), Unknown

Second (Immediate), Apoplexy

Duration of Last Sickness, ten hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Ch. Yard

Date of Burial, Jan 7th 1887

Undertaker Henry H. Mears

Place of Business, No. 13 E. Fayette St *Address,*

Wm. H. Harrison M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the REMARKS below, and to LIST of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 97165 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI...

HEALTH DEPART... JAN. 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Luers

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~ ~ ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 2029 Eastern Av

Cause of Death, First (Primary),

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 7th 1887

Undertaker, Fred Faede

Place of Business, 108 S. Caroline

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97166 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W^m Stuntz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 5 *Months.* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 554 N. Gay St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicaemia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 7th 1887

Undertaker, Fred Gaede

Place of Business 108 S. Caroline *Address,* 1207 E. Monument St

Irving Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...this Certificate.

Health Department, City of Baltimore.

8 "

Permit No. 9716 7 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Webster Scott Dew

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 2 *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1018 Clifton Place

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 7th 1887

Undertaker, John T. Mueller

Place of Business, 1050 W. Pratt

J. C. W. Webster M. D.
Medical Attendant.

Address, 106 Banner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97168 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Jane Bullard Lewis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harding W. Va.

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, {Give Street and Number.} 2025 Fairmount Ave.

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Anasarca

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, January 7th

Undertaker, H. Diffel

Place of Business, 151 S. Bond st. *Address,* 2000 E. Balt. st.

G. Glanville Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9716 9 *Office of Registrar of Vital Statistics.* Ward 4 & 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan. 6th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence the Grau B

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 30 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 299 (old) H. Say

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 8th

Undertaker, H. C. Windfield

Place of Business, 916 Greenmount Ave

J Guthrie M. D.
Medical Attendant.

Address, 1523 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97170 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Jany 3/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora L. Mallin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 824 Stiles St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Jan 7-1887

Undertaker, W. W. Medairy

Place of Business, 46 East St

R. W. Manfield M. D.
Medical Attendant.

Address, 502 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9717/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 7 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Elizabeth Lind

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 87 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ~~~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, { Give street and number } No 8 Penney Bowen Avenue

Cause of Death { First, (Primary,) An Inflammatory Softening of the Brain
Second, (Immediate,) Asthenia

Duration of last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Green Mount Cemetery

Date of Burial, January 7th 1887

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St

P. S. Fields M. D.
Medical Attendant.

Address, 163 Edmondson Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9717½ *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

94

CERTIFICATE OF DEATH.

Date of Death, Emma January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Burns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Nursery & C. Hospital Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 7th 1887

Undertaker, F. Louis Schaefer

Place of Business, 316 N. Fremont St. *Address,* 1125 Madison Ave

T. A. Ashby *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97173 *Office of Registrar of Vital Statistics.* Ward 1 CT CT

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhemina W. George

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 224 S. Castle

Cause of Death, First (Primary), Tubercle Pulmonis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 7/87

Undertaker, Chas S. Fry

Place of Business, 810 Broadway

James C. Brenbr M. D.
Medical Attendant.

Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9714 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Forman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 to 65 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Boarding House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1317 W Pratt.

Cause of Death, First (Primary), Ulceration of Bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, January 8th 1887

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

W. H. McKemp M. D.
Medical Attendant.

Address, 305 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97175 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JAN 7 1887 BALTIMORE, MD.

Date of Death, Jan 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gonaway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Black

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widow

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart Failure

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemet

Date of Burial, Jan 7th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

W. T. Gordon M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97176 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Storm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 87 Old Edmondson Ave

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 7.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

W. Rickert M. D.
Medical Attendant.

Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97177 *Office of Registrar of Vital Statistics.* Ward 10 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1887

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Eberhardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City ✓

Duration of Residence in the City of Baltimore, During life-time

Place of Death, {Give Street and Number.} 300 Pine St

Cause of Death, First (Primary), Diphtheritic Laryngitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 days.

All the above Information to be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, January 8th 1886

Undertaker, W. M. Corrigan

Place of Business, 227 Mulberry St *Address,* Penna Ave & Robert

W. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9717 8 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Winder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #1710 Ethel St.

Cause of Death, First (Primary), Erebro Spinal Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 WEEKS.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan. 7th 1887

John E. Huck M. D.
Medical Attendant.

Undertaker Alex Hunsley

Place of Business, 561 Orchard St *Address,* Argyle Av & Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9719 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo R Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} 1135 S Paca St

Cause of Death, First (Primary), Hepatic Cancer

Second (Immediate), Asthenia

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 9. 1887

Undertaker, Wm H Hickman

Place of Business, 234 W. Lex *Address,* 225 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97180. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Florindo Fenaschi~~ Jan. 6 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florindo Fenaschi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give Street and Number.} 307 Calvert St

Cause of Death, First (Primary), Emphysema with Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1½ yrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial; Jan 7/87

Undertaker, C.F. Krauserton

Place of Business, 209 Hanover

Frank C Bressler M. D.
Medical Attendant.

Address, 171 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97181 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edward Hale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B A. A. Co Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give Street and Number.} 28 N Vincent Alley

Cause of Death, First (Primary), Dentition

Second (Immediate), Spasms

Duration of Last Sickness, 3 Days 8

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 4th 1887

Undertaker, H. A. Kershaw

Place of Business, Health Office *Address,* Town

Thos A Shunn M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/182 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Quinn

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 55 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labrer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 63 Block St.

Cause of Death, First (Primary), Bronchs pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, Sat Jan. 8-1887

Undertaker, Wm. J. Schaffer

Place of Business, No 5 S Front St *Address,* 4 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97183 *Office of Registrar of Vital Statistics* 8 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan December 6 1887 B

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dowd.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 809 E. Baltimore St.

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate), Coma & Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, January 8, 1887

Undertaker, Henry McGinnis

Place of Business, 8 N. Central Ave. *Address,* 725 Fremont Ave

J. W. Robin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 13th

Permit No. 9718 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} N. Pratt St # 533-4

Cause of Death, First (Primary), Debility from old age

Second (Immediate),

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 9

Undertaker, J B Cook

Place of Business, 703 W Baltimore *Address,*

L L Sparrow M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9785 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph a Phelps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 503 - Chapel Alley

Cause of Death, First (Primary), Indigestion

Second (Immediate), 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 8th 1887

Undertaker, D. Lewis Schaefer H C J Houck M. D.
Medical Attendant.

Place of Business, 316 N Fremont Ave *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97186 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuion M. Rolleston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3½ weeks *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Hospital Walnut Drive

Cause of Death, First (Primary), Atrophia

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 7

Undertaker, Hall Bryant

Place of Business, 1137 Eutaw

T. A. Autry *M. D.*
Medical Attendant.

Address, 1125 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9718 7 C 9

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Murphy

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Maryland

Date of Burial, January 8th 1887

Undertaker, Henry Hook

Place of Business, 609 N Paca

Oscar J Cokesy M. D.
Medical Attendant.

Address, 624 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4697 Transit

Health Department, City of Baltimore.

Permit No. 9718 8 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 7 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Luber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1121 N. Central Ave

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Membrain in pharynx & larynx

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y

Date of Burial, January 7 1887

Undertaker, Henry Koch

Place of Business, 1022 Eastern Ave *Address,* 1201 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9719 ; *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Stuart

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~6 mos~~ ~~Years,~~ 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} 45 Laurens alley

Cause of Death, First (Primary), Hereditary Syphilis

Second (Immediate).

Duration of Last Sickness, Sick all his life

All the above information should be furnished by the Physician.

Place of Burial Mt Auburn Cemetery

Date of Burial, Jan 8th 1887

Undertaker Alf Kennedy

Place of Business, 560 Orchard st

A. K. Bond M. D.
Medical Attendant.

Address, Disp of Women's College

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97190 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie B. Armstrong

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 241 N. Eutaw St. Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 328 Madison Ave.

Cause of Death, First (Primary), Scarlet Fever (Malignant)

Second (Immediate), Heart failure

Duration of Last Sickness, Six days -

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 8th, 1886

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw

S K Merrick M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97191 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa McTabell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* 4 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D C

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 906 N Amm st

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, One years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 8th 1887

Undertaker, Wm B Mowbray

Place of Business, No 150 Eastern Av

E. Michaux M. D.
Medical Attendant.

Address, 154 Shaefer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9719½ *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 7 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Boulden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* 10 *Months,* 4 *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 18 6 W Lombard St

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Pulmonary Oedema (Suddenly)

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 9 87

Undertaker, Am So Guy

Place of Business, 220 or 222 N Broadway

A. Fahnestock M. D.
Medical Attendant.

Address, 305 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97193 *Office of Registrar of Vital Statistics.* Ward 17 C 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Williams Stirling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Every Life

Place of Death, {Give Street and Number.} 724 Fort av

Cause of Death, First (Primary), Fall from Window

Second (Immediate), Concussion of Brain

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 8

Undertaker, B. Marks

Place of Business, 115 W[illegible] *Address,* 104 Fort av

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9719 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 7th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. N. Otte.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 313 N. Eden St

Cause of Death, First (Primary), Abscess in the Stomach

Second (Immediate), Peritonitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan 10th 1889

Undertaker, H. C. Sander & Son

Place of Business, Canton *Address,* 137 Eden St

New Nos. 1706 & 1710

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97195 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 7 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 40 Potomac St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 9th 1887

Undertaker, Wm. Sauder & Son

Place of Business, Canton Ave *Address,* 2826 Ellerslie Av

E Schwimm M. D.
Medical Attendant.

New Nos. 1708 & 1710

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97196

Office of Registrar of Vital Statistics.

Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 7 — 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Fowden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 411 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Jan 9 1887

Undertaker, H. Vanden & Son

Place of Business, Canton Ave

F. Gilmore M. D.

Medical Attendant.

Address, 4 S Eaton St

New Nos. 1709 & 1719

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9797 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1887

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Andrews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 26 Forest st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia-post Lung one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 9th 1887

Undertaker, Geo I Dugan

Place of Business, 150 E Pratt St

J. E. Emmert M. D.
Medical Attendant.

Address, Augusta & Dugan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7198 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 8 1887

CERTIFICATE OF DEATH.

Date of Death, Jany 5th - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adie Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 113 Bruce St

Cause of Death, First (Primary), Cancer of uterus / Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, January 8th 1887

Undertaker, Chas H Dunger

Place of Business, 150 East St

J. M. Hunter M. D.
Medical Attendant.

Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7199 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Jany 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stewart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} Bowers Alley near Hollins St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 9th 1886

Undertaker, Wm H. Surrogee

Place of Business, Eutaw St

J Ames A Clemens M. D.

~~Medical Attendant.~~

Address, Camp bet N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97260 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1887

H

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lizzie Schmidt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 25 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married ✓

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} Md. Genl Hospital.

Cause of Death, First (Primary), Phthisis Pul. & Laryngeal

Second (Immediate), Asthenia.

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8th 1887

Undertaker, Fred. Gaede

Place of Business 108 S. Caroline St

Robt Bond M. D.
Medical Attendant.

Address, Md. Genl Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27201 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Hutchins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1738 Macubbin st

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 9th 1887

Undertaker, Theo F Locke

Place of Business, 1721 Jefferson st

Jas A Steuart M. D.

~~Medical Assistant.~~

Address, Canton M & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97202 *Office of Registrar of Vital Statistics.* Ward 15 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 8 1887

CERTIFICATE OF DEATH.

a

Date of Death, Jany 7 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Inaca Mrs.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* ..... *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 5 W. Camden St

Cause of Death, First (Primary), Metro peritonitis,

Second (Immediate), Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 10th 1887

Undertaker, C. A. Krause & Son

Place of Business, 705 Hanover Address, 114 Park ave

F. E. Shatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97203 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Loh

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 569 Walnut Alley

Cause of Death, First (Primary), Senile Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness, 4 week

All the above information should be furnished by the Physician.

Place of Burial, Bony Bray

Date of Burial, January 10

Undertaker, Walter Immel

Place of Business, 594 W. Biddle St. *Address,* 639 Franklin

H. Miller M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97204 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 8 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1904 W Lombard St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Jan 10th 1887

Undertaker, Jas B Bond

Place of Business, No 707 W Baltimore 1003 St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97205 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora A. Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ~ *Months,* ~ *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give Street and Number.} 41 Covington St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, Jan 9 1887

Undertaker, [illegible]

Place of Business, [illegible]

D E Bobb M. D.
Medical Attendant.

Address, 301 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4494 Truesdell

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97206 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 9 1887

74

CERTIFICATE OF DEATH.

Date of Death, Jany 7 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lombard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mallow Ire

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Londontark

Date of Burial, Jan 8 1887

Undertaker, C M Bryant

Place of Business, 1139 Pen ave

T. A. Ashby *M. D.*
Medical Attendant.

Address. 1125 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9720 7 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B. Creagh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2100 Chew St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10 1887

Undertaker, Wm S. Fry

Place of Business, 221 or 223 W. Baltimore

G. A. Leyh M. D.

Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97208 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 9 1887 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Jany 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grumroon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, Nun

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Durinlife

Place of Death, {Give Street and Number.} 129 East St

Cause of Death, First (Primary), Supposed to have been Acute Bronchitis

Second (Immediate), was not seen by me - presumed ~~once~~

Duration of Last Sickness, Said to have been 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Jan 9 - 1886

Undertaker, W W Madden

Place of Business, 44 East St

Dr. Winsey M. D.

Medical Attendant.

Address, 110 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9720 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1072 Pleasant Alley

Cause of Death, First (Primary), ?

Second (Immediate) Malarial Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 9th 1887

Undertaker, Fred Gaede

Place of Business 108 S. Caroline *Address,* 341 E. Pratt

W. H. Daly, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

Permit No. 9720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Howe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* — *Days.* 1/48

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, 1/2 hour

Place of Death, {Give street and number.} 416 E Monument st

Cause of Death, First (Primary,) Premature

Second (Immediate,) Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 9th 1887

Undertaker, Alex Heaslay

Place of Business, 561 Orchard

T Edward Kirby M. D.
Medical Attendant.

Address 645 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Howe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* — *Days.* 1/24

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 1 hour

Place of Death, {Give street and number.} 416 E Monument St

Cause of Death, First (Primary,) Premature

Second (Immediate,) Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Jan 9th 1887

Undertaker, Alex Kemsley

Place of Business, 561 Broadway

T Edward Kirby M. D.
Medical Attendant.

Address 645 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 9712 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months.* ..... *Days*

Color, Black.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 3 Carter alley

Cause of Death, First (Primary), ...

Second (Immediate), Tubercular meningitis

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 9th 1887

Undertaker, Chas Hemsley

Place of Business, 386 Orchard *Address,* 138 E. Townsend St

Edmund C. Gibbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97213 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asbury M. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 12 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 Race St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 9 1887

Undertaker, H. Rose

Place of Business, 95 Commercial

J. D. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9721st *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany. 8 — "87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theo. Warncastle (Warren Kessel)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give Street and Number.} Harbor House Centre & North

Cause of Death, First (Primary), Asphyxia from inhalation of gas

Second (Immediate), —

Duration of Last Sickness, Several hours

Found dead in bed at 9 P.M. gas turned full force.

All the above information should be furnished by the Physician.

Place of Burial, Washington DC

Date of Burial, Jan 10th

Undertaker, Wm J. Schaffer

Place of Business, 55 S. Front St

Alex. Hill M. D.
Medical Attendant.

Address, Center.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

44 S Front St

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9715 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Steiner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ Months, 14 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 925 Hillen

Cause of Death, First (Primary), Natural Cause

Second (Immediate), " Asthma.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong.

Date of Burial, January 9 1887

Undertaker, C. Altfeld

Place of Business, 109 N High Address, 408 S Eutaw

D. Theetto M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ... as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and t... and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9716 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary J. Hall

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Life Mrs.

Place of Death, {Give Street and Number.} 198 Fairmount Ave

Cause of Death, First (Primary), Rheumatic Fever

Second (Immediate), Meningitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 11th 1887

Undertaker, Lurmy & Mitchell

Place of Business, 208 S Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, 2000 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97217 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand H Pirochee

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 55 ~~## Months, Days.~~ *Years,*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Soldier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 1 Wilkens Ave

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Clinton Cem.

Date of Burial, January 11 1887

Undertaker, John P. [redacted] James O Bosley M. D.
Medical Attendant.

Place of Business, 2009 Fred'k *Address,* 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [over.]

Permit No. 9718

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Elmine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 2 hours, Days.

Color,

Married, Single, Widow, or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 2030. Jefferson

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2030. Jefferson

Cause of Death, First, (Primary.) Congestion of Lungs

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 10 87

Undertaker, Linn & Fry

Place of Business, 21 N Broadway

Geo Bardenheier M.D.,
Medical Attendant.

Address, 918 E. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this Certificate Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 9 E.

Permit No. 97219

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Cummings

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Forty-six Years, — Months, — Days,

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, House-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty-five yrs

Place of Death, {Give street and Number.} 50 Marsh Market Space

Cause of Death, First (Primary), Cirhosis of liver

Second (Immediate), Jaundice

Duration of Last Sickness, About three weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Jan 10th 1887

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore

W. J. Jones M. D.
Medical Attendant.

Address, Cor Greenmount Ave & Preston St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9722 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eli Ray

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.} 1120

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, some months

Place of Death, {Give street and Number.} 1120 Vincent Alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 10 1887

Undertaker William Burger

Place of Business, 160 East St

Thos R Quinan M. D.
Medical Attendant.

Address, 1367 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Luckert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 507 Otterbein St.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give Street and Number.} 507 Otterbein St.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 10th 1887

Undertaker, Geo. Leyendecker & Son

Place of Business, 647 W. Pratt Address, Mulberry & Mayflower

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel P Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 7 *Years,* 8 — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Since 1855

Place of Death, {Give street and number.} Eager St corner of St Paul St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 10th Jany 1887

Undertaker H W Jenkins Sons *Address* 8 & W Read St

Place of Business, Park & Saratoga Sts

J W J Menard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certific setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9723 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 1924 E. Preston

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan 11th 1887

Undertaker, A. Fink & Son

Place of Business, 461 N. Gay St. *Address* 933 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27224 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 9th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Stockel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 17 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 177 Edmondson Ave

Cause of Death, First (Primary) Cerebral Softening (1094)

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemtr

Date of Burial, January 11 1897

Undertaker, Henry Hoen

Place of Business, 209 N Eutaw St *Address,* [illegible] Schlund M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97225 *Office of Registrar of Vital Statistics.* **Ward** 19 E.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. LeCompte

Sex, ~~*Male*~~ ~~*or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} V

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md —

Duration of Residence in the City of Baltimore, 45 yrs -

Place of Death, {Give Street and Number.} 707 N. Gilmor St -

Cause of Death, First (Primary), Organic heart disease -

Second (Immediate), 0

Duration of Last Sickness, 6 months -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10th 1887

Undertaker, John S. Mosher

Place of Business, No 150 Lombard St

Jno. J. King M. D.
Medical Attendant

Address, 640 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9726 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. A

Date of Death, Jan. 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Porter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 8 *Months,* ... 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 1747 E. Eager St

Cause of Death, First (Primary), Pseudo-Membranous Laryngitis.

Second (Immediate), "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 10. 1887

Undertaker, Wm. H. Kirkpatrick

Place of Business, 2340 E. Eager *Address,* 1039 N. Broadway.

John W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9727 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Greenly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Plasterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 1842 E. Madison St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, Jan 10. 1887.

Undertaker, Wm. H. Hickman, *Address,* Exeter St

Place of Business, 234 N. Gay St

D. L. Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97228 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Mercer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 328 E. Baltimore St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 10th 1889

Undertaker, M. A. Dayer Atty.

Place of Business, 74 S. Bway

J. W. Houck M. D.
Medical Attendant.

Address, 1005 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97229 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie and Wm Sayler Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 8 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 2107 Canton Ave

Cause of Death, First (Primary),

Second (Immediate), Insanitum

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 10th 1887

Undertaker, H. Sanders and Son

Place of Business, 250 Canton Ave

Thomas H Lewis M. D.
Medical Attendant.

Address, Canton R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John H. De Goey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carroll Hess

Sex, Male ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 3 *Months,* 14 *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. Gay St over first N. Bank

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 10

Undertaker, C. H. Blizzard

Place of Business, 1139 Pen ave

Edward A. Hynes M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Curtis Hess

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. Gay st over first N Bank

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 10

Undertaker, C A Blizzard

Place of Business, 1139 Pen ave

Edward [illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97232 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. B. Trent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 8 - 28 Mulberry St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Nine (9) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 10th 1887

Undertaker, Henry H. Mears

Place of Business, # 413 E Fayette St *Address,* 855 W. Pratt St

A L Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97233 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Glasin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 56 E Lanvale St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Church

Date of Burial, Jan 11 1887

Undertaker, Desmond Hall

Place of Business, 115 West St *Address,* 164 Fort ave

O. A. Lasko M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97234 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Battenfeld

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 7 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 137 North Liberty Cor Leadenhal st

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 11

Undertaker, B. Hall

Place of Business, 115 W. Pratt

E. Michaux M. D.
Medical Attendant.

Address, 526 Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9735 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 1620 Hampstead St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Jan 11 1887

Undertaker, Holtkamp & Co

Place of Business, 1709 E Lombard

Jos C Bayne M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97236 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ellington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md (Colored)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 8 Brandy Terrace (City St)

Cause of Death, First (Primary), Diabetes

Second (Immediate),

Duration of Last Sickness, two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 12/97

Undertaker, Henry S. Mitchell

Place of Business, 530 W Fayette

W. A. Shaw M. D.
Medical Attendant.

Address, 855 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97237 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Bann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* ~~*Days.*~~

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 674 Pearce St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 11 1887

Undertaker, H. Ross

Place of Business, 95 Eutaw St. *Address,* 424 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97238 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1887

CERTIFICATE OF DEATH.

Date of Death, 1 9 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 28 *Years,* ——— *Months,* ——— *Days.*

Color, ad

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 1 Harmony Lane

Cause of Death, First (Primary), Cancer

Second (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St peter Cemetery

Date of Burial, Jan 11 1887

Undertaker, H. Ross

Place of Business, 55 Conway St

Wm. H. Eshman *M. D.*
Medical Attendant.

Address, 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97239

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1887

CERTIFICATE OF DEATH.

a

Date of Death, Jan 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary & Andrew J. Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 Hours *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 604 ½ Alley

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 10/87

Undertaker, H. Ross

Place of Business,

James A. Amos M. D.

[redacted]t.

Address, Eutaw & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97240 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10

CERTIFICATE OF DEATH.

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Carroll

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 913 Plum alley

Cause of Death, First (Primary), Teething & Bronchitis

Second (Immediate),

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp street cem.

Date of Burial, Jan 10th 87

Undertaker, Sorrell Handy

Place of Business, 199 West St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Swann.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carriage Trimmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 441 N Mount St

Cause of Death, First (Primary), P

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 11/87

Undertaker, Dennis & Mitchell

Place of Business, 830 W Fayette

H K Warner M. D.
Medical Attendant.

Address, 907 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9724 2 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT JAN 10 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Dougherty.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty one (51) *Years,* six 6 *Months,* two 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 1920 Fallsway

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11

Undertaker, J B Cook

Place of Business, 1003 W Baltimore st.

Henry L. Ohle. M. D.
Medical Attendant.

Address, 102 North Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1 1 2 1 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9743 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jany. 8— 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 33 Douglass st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Chas. St. Cemetery

Date of Burial, Jan 10 - 1887

Undertaker, W. W. Maddux

Place of Business, 46 East St.

Alex. Hill, M. D.
Medical Attendant.

Address, Corner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9744 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1887

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brayton Lilly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 15 Chunnt

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Never well

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1887

Undertaker, W W Madden

Place of Business, 46 East St

D M Gatchell M. D.
Medical Attendant.

Address, 24 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1245

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7245 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Treat

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 15 N. Calhoun St

Cause of Death, First (Primary), Spinal Sclerosis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Janu 11th 1887

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 17 W. Monument

The Royal Boundary Line

E. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9746 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT JAN 10 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Wigand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} On Belmont & Hollins SB (N.W.)

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 11th 1887

Undertaker, Jos B Cook

Place of Business, 1003 W. Baltimore

John [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 7 2 0 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9724 7 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 10 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia S. Roach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give Street and Number.} Cor. Howard & Baxe. Sts

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, Under Treatment. 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 12th

Undertaker, Jos Jacobs & Son

Place of Business, 210 N. Schroeder St *Address,* 152 Shark St

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97248 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887.

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Virginia Vanfossen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give Street and Number.} # 176 old - 502 new Scott St.

Cause of Death, First (Primary), Hemorrhage of Stomach

Second (Immediate), & Bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 11th 1887

Undertaker, Wm J Tickner

Place of Business, 221 S. Eutaw St. *Address,* Fayette & Calhoun St

Geo W Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9724 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Fisher,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Two *Months,* ~~Days.~~ 7

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Born,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 187 N Eutaw St.

Cause of Death, First (Primary), Pneumonia (Extended)

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1887.

Undertaker, W W Mauder

Place of Business, 46 East St

F. H. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9725 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JAN 11 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 9. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Easton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 45 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give Street and Number.} 1023 Stockton St

Cause of Death, First (Primary), Inflammatory Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 11 1887

Undertaker, Wm. A. Pryce

Place of Business, 150 East St *Address,* 1434 Penna Ave

Jos C Shannon *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9725 / *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvy Dean

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* *Months,* 1/48 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 300 Bank St

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give Street and Number.} 308 Bank St

Cause of Death, First (Primary), Premature labor

Second (Immediate), asphyxia

Duration of Last Sickness, 1/2 hour

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan. 11. 87

Undertaker, Jacob Ahrens & Co

Place of Business, 626 W. Balto St. *Address,* 1123 N Eutaw St

F Wells M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97252 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 11 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

a

Date of Death, January 10th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schlepeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Twenty *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 121 (416) N. Bethel st.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), —

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 11th 87

Undertaker, John Herwig

Place of Business, 282 Orleans st.

Chas. B. Lush M. D.
Medical Attendant.

Address, 920 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91263 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JAN 11 1897

CERTIFICATE OF DEATH.

Date of Death, January 9th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael A Etchison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 0 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 1833 Light St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 11

Undertaker, B Flagg

Place of Business, 115 West } *Address,* 518 Lancaster St

Howard Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7 / 2 0 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19257 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Dietz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 623 E. Fayette St

Cause of Death, First (Primary), Pneumonia

Seeond (Immediate), Brain Trouble

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Edenst Cong Cemetery

Date of Burial, Jan 11. 87

Undertaker, D. Oerfeld

Place of Business, 188 N. High St *Address,* 439 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9255 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Herman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dry goods Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give Street and Number.} 92½ S. Broadway

Cause of Death, First (Primary), Cystic Papilloma

Second (Immediate), Hemorrhage from the bladder

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, F. P. Hebrew Cem. Pikesville Rd.

Date of Burial, January 11th 87

Undertaker, Myer Myers

Place of Business, Old No. 149 E. Lombard

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/206 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, Jany 11th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence G. Fouth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 Perkins St

Cause of Death, First (Primary), Pseudo Membranous Laryngitis

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Jan 11th 1887

Undertaker, Jas S. Cook

Place of Business, 1003 W Baltimore

B F Phillips M. D.
Medical Attendant.

Address, 73 So N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9725 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, January 9. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria McGrail Berger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give Street and Number.} 5 S. Exeter St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 11th

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St *Address,* 1005 E. Baltimore St

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9258 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isador.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Syphilis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Jan 11. 1887

Undertaker, John Masteson

Place of Business, Division St.

R. H. Goldsmith. M. D.

Medical Attendant.

Address, Harlem ave & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9259 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 11 1887

CERTIFICATE OF DEATH.

Date of Death, Jan. 10/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Vincents.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum.

Cause of Death, First (Primary), Indigestion.

Second (Immediate), Marasmus.

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Jan 11, 1887

Undertaker, John Masterson

Place of Business, Division St. *Address.* Hadenwood & Calhoun.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9266 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Hosey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 109 E. Eager St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 11th 87

Undertaker, Henry Hoen

Place of Business, 369 Pratt Address, Eager & Caroline

J. W. Slover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9261 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Dixon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1028 Stockton St

Cause of Death, First (Primary),

Second (Immediate), Dentition

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 11th 87

Undertaker, H H Roberts M. D.

Medical Attendant.

Place of Business, 15 Saunders *Address,* Carey & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H E Roberts Inspector

Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9262 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bartlett

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 93 *Years,* — *Months.* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1801 Madison ave

Cause of Death, First (Primary), Senile decay

Second (Immediate), Bronchitis and heart failure

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 12th 1887

Undertaker, Stewart & Heaven

Place of Business, 351 Park & Boundry Wilmot Royle ave

S. L. Chew M. D.
Medical Attendant.

Address, 215 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9726

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97263. *Office of Registrar of Vital Statistics*, Jan 11 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A CERTIFICATE.

BALTIMORE, MD. JAN. 11 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas M. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick Yard

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} on n. 26 nn. 846 Cleveland st

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope

Date of Burial, Jan 12th 1886

Undertaker, Chas Hensley

Place of Business, 561 Orchard *Address,* Hanover st

R. C. L. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9726[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9726[illegible] *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Eisenman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give Street and Number.} 96 N. Eutaw St Balt

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Exhaustion

Duration of Last Sickness, In bed about a week

All the above information should be furnished by the Physician.

Place of Burial, Eden St Agnes, Philadelphia Road

Date of Burial, Jan. 12th 1889

Undertaker, J. H. Smithson

Place of Business, 120 N. Greene

I. E. Clagett M. D.
Medical Attendant.

Address, 96 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97265

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97265 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Auerstatter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 3 weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 8 Lowson St

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 11th 1887

Undertaker, Jos Sander & Son

Place of Business, 1708 & 1710 Canton Ave

John H. Rehberger M. D.
Medical Attendant.

Address 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9266 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 11 1887

74

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jamerson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Opium Poisoning

Second (Immediate), Paralysis of nerve centres

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, Jan 12 1887

Undertaker, Jas B Beck

Place of Business 1003 W Baltimore St

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1 / 2 /

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9726 7 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 11 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Janu 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Krungruda Rauh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 209 S. Eutaw St

Cause of Death, First (Primary), Pulmonal Stasis

Second (Immediate), Pyemia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 12th 88

Undertaker, G. Franc

Place of Business, Bank & Wolfe St. *Address,* Eutaw & Lanvale Sts

C. W. Lemmon M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97268 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1897 BALTIMORE MD.

B

CERTIFICATE OF DEATH

Date of Death, Jan 10th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bart Rivli

Sex, Male or Female, {Cross out the word not required in this line.} Bartholomaeus Male

Age, 27 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} No. 14 Hull St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 12th 97

Undertaker, G. Thance

Place of Business, Thanz & Wolfe *Address,* 814 S Bond

M. J. Gately, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97269 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN. 11 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 11. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah A. Rounsford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 7 W. Pearl St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cemetery (Balto md)

Date of Burial, Jany 12th 1887

Undertaker, Chas Hollander Sons

Place of Business, 708 E. Pratt St

A. Edwards M. D.
Medical Attendant.

Address, 5 N W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97270 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 97.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. F. Lighter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 1711 W. Gilmor St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Md.

Date of Burial, Jany 12 1897

Undertaker, [redacted] J. H. Robinson M. D.

Medical Attendant.

Place of Business, 38 Park Ave. *Address,* 715 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

1496 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9927 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralf Hoke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1531 S Charles

Cause of Death, First (Primary), ...

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, January 11

Undertaker, B. Ward

Place of Business, 119 W Pratt *Address,* 518 Hanover

Ernest Erck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9727

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9727 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Glasscock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 93 E Lombard St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, One (1) Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 12th 1887

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

S O Almon M. D.

Medical Attendant.

Address, 29 S Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97273 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia L. Hausler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* 28 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give Street and Number.} 113 Spring Ave

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate),

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12th 1887

Undertaker, Fred. Gaede

Place of Business, 108 S. Caroline *Address,* Cor E Baltimore

W. F. Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9727 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 — 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherin Dorian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 1 *Days*

Color, White

~~Married~~ / ~~Single~~ / ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1523 Battery Ave

Cause of Death, First (Primary), Bronchitis. —

Second (Immediate), Asthenia. —

Duration of Last Sickness, 1 week —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 12th 87

Undertaker, Daniel Flynn

Place of Business, 42. E. West St

Geo. C. Straus M. D.
Medical Attendant.

Address, 9. E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97275 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Eckhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 1134 Saratoga st

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 12 89

Undertaker, Jas Jordens & Son

Place of Business, 240 N Broadway *Address,* 610 S Pac st

C. L. Buddenbaum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9726 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death, Jan 10th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Stein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Innkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 10 N. Frederick

Cause of Death, First (Primary), Hemorrhagia ventriculi

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, June 12 th 1887.

Undertaker, John Kennedy

Place of Business, 382 W. Balto *Address,* 423 E. Baltimore

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9727

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Supp

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, Last month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Yard

Date of Burial, Jan 12, 1887

Undertaker, Alex Kennedy

Place of Business, 5 Mechanic St

J. R. Hott, M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97278 *Office of Registrar of Vital Statistics.* Ward 21 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Myers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~City~~ House Girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 247 Chestnut st.

Cause of Death, First (Primary), Puerperal Convulsions

Second (Immediate),

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1887

Undertaker, Alex Kennedy

Place of Business, Monument St. *Address,* 1201 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 97279 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months.* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 231 Hill St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 12th 1887

Undertaker, Saml W. Chase

Place of Business, 64 S Howard St

E. Michaux M. D.
Medical Attendant.

Address, 526 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97280 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 11th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith G Schumacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 06 N. 2 26 Nun N. 1010 Scott. St.

Cause of Death, First (Primary), a fall

Second (Immediate), Pachy Meningitis

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Jany 13th 1887

Undertaker, Wm J Tuckner

Place of Business, 221 S. Eutaw St *Address,* cor Mulberry & Myrtle ave

Louis L Dorn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97281 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1897

B

CERTIFICATE OF DEATH.

Date of Death, January 11th 97

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore M. Tarr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty Three *Years,* — *Months,* Twenty Five *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Fifty Three years and

Place of Death, {Give Street and Number.} #287 Park Ave

Cause of Death, First (Primary), Bowel Illness

Second (Immediate), Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 13th

Undertaker, Geo Schilling

Place of Business, Holland Square

George Lewis Staley M. D.
Medical Attendant.

Address, Cor Colvert & Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 97282 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Esler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 21 N. Fulton St. East

Cause of Death, First (Primary), Fatty Degeneration of Heart

Second (Immediate), Passive Congestion of Lungs Asthenia

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 14th 1887

Undertaker Emory Ury

Place of Business, 923 Eutaw

Geo. H. Penton M. D.
Medical Attendant.

Address, 14 N. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 97283 *Office of Registrar of Vital Statistics.* Ward 20?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1887 HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Jenkins Lane Balto Co

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} Pa. ave No 336

Cause of Death, First (Primary), Chronic Croup

Second (Immediate), " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jan 12 1887

Undertaker, Henry Hoeck

Place of Business, 309 N Pulaski *Address,*

R. G. Rankin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9728 4 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1887

CERTIFICATE OF DEATH.

Date of Death, Jany 11 87

Full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.} Wm E Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days

Color, White

~~Married~~, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 296 E. Randall

Cause of Death, First (Primary), Quarantine

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13 1887

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 215 Light

R. H. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 97285 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 10. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 109 Harlan Ave.

Cause of Death, First (Primary), Acute Tuberculosis.

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Jan 12th 1887

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St.

H O Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7286 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887 2 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cummins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 219 N. Howard St. (old no.)

Cause of Death, First (Primary), Hemiplegia —

Second (Immediate), Effusion into 4th Ventricle

Duration of Last Sickness, about a month —

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 13th 1887

Undertaker, Henry W. Means

Place of Business, #413 E. Fayette St *Address,* to Franklin St.

David Ian Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9728 7 *Office of Registrar of Vital Statistics.* Ward 11-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 12 1887

BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11- 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Zellers

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, 14 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 571 Preston Street

Cause of Death, First (Primary). Membranous Croup

Second (Immediate). Asphyxia

Duration of Last Sickness, unknown — in attendance 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 13th 1886

Undertaker J M Cadogan

Place of Business, 227 W Mulberry St.

Wastney Brown M. D.
Medical Attendant.

Address, 1021 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 97288 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A Page

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 1309 Myrtle Ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Abcess of Stomach

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 16th 1886

Undertaker J H Heuisson & Sons

Place of Business Park & Saratoga Sts *Address,* 1821 Madison Ave

J B Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97289 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT, BALTIMORE, MD. JAN 12 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 53 *Years,* — *Months,* — *Days*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hodcarrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 117 East 14

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Meningitis Coma

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 12 1887

Undertaker, William J. Dugee

Place of Business, 150 East St

Edwin C. Baldwin M. D.
Medical Attendant.

Address, 304 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97490 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pechel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* 4 *Months,* 20 *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 1746 East ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above Information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, Jan 14

Undertaker, L. Ritz

Place of Business, 1148 Bdway

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17291 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Stockett

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 767 Lombard St

Cause of Death, First (Primary), —

Second (Immediate), Old Age

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Ann's Arundel Co Md

Date of Burial, Jan 13th 87

Undertaker, H Rozo

Place of Business, 95 Conway St *Address,* Conway 764 & 8

Thomas A Means M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M C Roberts Inspector 4498

No. 771

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97292 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Quinn (Infant)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1142 Caroline St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 13 Jan

Undertaker, W Dilgard

Place of Business, 151 S Bond

E Schaumann M. D.
Medical Attendant.

Address, 1126 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97293 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Jan 11th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wyson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 395 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cem. Govanstown

Date of Burial, Jany. 14th 86

Undertaker, M. A. Sauer & Son

Place of Business, New No. 229 S. Bdwy.

[illegible], M. D.,
Medical Attendant.

Address, 614 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27294 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 12 1887 BALTIMORE, MD.

8

CERTIFICATE OF DEATH.

Date of Death, January 11 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch B. Haight

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty seven *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Confectioner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 5 Federal Street near Aisquith

Cause of Death, First (Primary), A fall two years ago.

Second (Immediate), Old age and General Debility

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14th 87

Undertaker, Wm J Schaffer

Place of Business, 5 S. Front St

Geo A. Elwell M. D.
Medical Attendant.

Address, 1241 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9772

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97295 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Feldman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #406 S. Wiltshire pl

Cause of Death, First (Primary), ——

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 13th 87

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,*

Dr. A. Benjamin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1 1 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9296 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jany. 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tiber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} No. 1332 Philpot St.

Cause of Death, First (Primary),

Second (Immediate), Hemorrhage (uterine) from retained Placenta

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'ty

Date of Burial, January 13. 87

Undertaker, Fells & Thos Brown's

Place of Business, 258 Aliceanna St.

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9727

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9727 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 13 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Friedman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 65 Harrison St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 65 Harrison St

Cause of Death, First (Primary), ...

Second (Immediate), Protracted Labor

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cong Cem't —

Date of Burial, Jan 15th 87

Undertaker, David Hayman

Place of Business, 16 Lee St —

J V Thorpe M. D.
Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27228 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Josephine Walsh

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 179 N. Paca St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery,

Date of Burial, January 14th 1887.

Undertaker, Martin Fahey.

Place of Business, 128 W. Townsend St.

J. B. Browne, M. D.
Medical Attendant.

Address, 1210 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97299 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Hessert (Essert)

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Dont Know (65 yrs)

Place of Death, {Give Street and Number.} Just Little South of the Pole

Cause of Death, First (Primary),

Second (Immediate), Apoplexia

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 13 1887

Undertaker, A Rombergen

Place of Business, 61 Park Ave

Jno Burke Boyle M. D.
Medical Attendant.

Address, 1001 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9300 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 12th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pharmacist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 1023 N Broadway

Cause of Death, First (Primary), Rheumatism Insanemia & hypertrophy of the heart

Second (Immediate), Asphyxia

Duration of Last Sickness, About a months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Co md

Date of Burial, Jan. 14 1897

Undertaker, John W Jackson

Place of Business, Gay & Caroline *Address,* Broadway & McElderry Sts

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97201 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Coufal

Sex, Male or Female, {Cross out the word not required in this line.} Female (Coufal)

Age, — *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1 Barnes Ct

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Jany. 13. 1887

Undertaker, Frank. Coach

Place of Business, 219 N. Eutaw

T. J. Feldner M. D.
Medical Attendant.

Address, Cor Fayette & Arlington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97302 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Franklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 906 E. Pine St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Shafer St Cemetery

Date of Burial, Jan 14th 1887

Undertaker, Wm L. Gray

Place of Business, 60 Mulberry St

G. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97303 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Bowers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} cor Pat-Ave & Stockton

Cause of Death, First (Primary), Chronic Dyspepsia

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, January 16.

Undertaker, Walter Immel

Place of Business, 594 W. Biddle Address, Corner of Carey & Bressman

Attended by Dr. Pettus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9730 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR JAN 13 1887 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, January 12. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda A. Kinhart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* ..... *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 815 N. Lexington St.

Cause of Death, First (Primary), Rheumatic Endocarditis

Second (Immediate), Aortic Regurgitation & Obstruction, Chronic Pulmonary Congestion & Haemoptysis & Exhaustion

vent. Dilatation, Compensation Hypertrophy, Mitral Regurgitation

Duration of Last Sickness, Had him in Charge for 12 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16th 1887

Undertaker Henry W. Mears

Place of Business, #413 E. Fayette St

Christopher Johnston M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 97305 *Office of Registrar of Vital Statistics.* Ward 12/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 13- 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Lafevre Jr

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 20 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 949 Pennsylvania Avenue

Cause of Death, First (Primary), Hematemis -

Second (Immediate), anaemia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 15-

Undertaker [illegible]

Place of Business, 1139 Pa Ave

Marbury Brewer M. D.
Medical Attendant.

Address 1031 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97306 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Byrne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. V

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 102 Dewberry al

Cause of Death, First (Primary), Teething & Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, January 13

Undertaker, J B Crook

Place of Business, 7003 ½ Baltimore *Address,* 707 W. London

Edw S. Duckham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9730?

Office of Registrar of Vital Statistics.

Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Jan 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Hannaday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1 Bolton alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 13th 1886

Undertaker, Alex Hemsley

Place of Business, 561 Orchard *Address,* 1019 D. Hill ave.

L. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1

Health Department, City of Baltimore.

Permit No. 9738

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 13 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 11 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. White

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 28 Jews alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woods mills

Date of Burial, Jan 14 1887

Undertaker, Wilson & Dorsey

Place of Business, 150 East St

J. H. Robinson M. D.
Medical Attendant.

Address, 725 Grant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4499

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 07309 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 Jan. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Rubecca Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 21 S. Stockton st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 21 S. Stockton st.

Cause of Death, First (Primary), not known

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Levering Cemetery

Date of Burial, Jan 13 1887

Undertaker, Wilson & Longe

Place of Business, 150 East st

John Hood, M. D.
Medical Attendant.

Address, 1403 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97310 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT
JAN 13 1897
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Crails

Sex, Male or Female, {Cross out the word not required in this line.} Fem[illegible]

Age, ... *Years,* 11 weeks *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Jan 13

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 1125 Madison ave

T. A. Ashby *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 1

Health Department, City of Baltimore.

Permit No. 9931 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Leily

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 13

Undertaker, E. H. Blizzard

Place of Business, 139 Penn Ave

F. A. Ashby M. D.
Medical Attendant.

Address, 1125 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 9732 *Office of Registrar of Vital Statistics* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 13 1887

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniel Bugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* ~~X~~ *Months,* Thirteen (13) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 1622 Alice Ann St. Cor. Bethel.

Cause of Death, First (Primary),

Second (Immediate), Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem.

Date of Burial, Jan. 13th 1887

Undertaker, H. Sanders & Son

Place of Business, 1710 Canton Av.

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 97313 *Office of Registrar of Vital Statistics.* Ward 9a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled ou* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Jan. 9, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Colby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Heart Failure

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 13th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* ...

W. F. Lord M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. S. Cassell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Store-keeper U. S. Service - Balto.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore, 49 Franklin st

Place of Death, {Give street and number.} Cancer of Bladder.

Cause of Death, First (Primary,) ...

Second (Immediate,) ...

Duration of Last Sickness, 2 8 Mos -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jany 14th 1887

Undertaker, F. Lewis Schaefer

Place of Business, 310 N Fremont Ave *Address*

C. F. Brune *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 12

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 12th 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. W. Pitts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 96 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 1220 Bolton St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pneumonitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 14th 1887

J. W. Anthony M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 316 W Fremont Ave *Address* 45 N. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27316 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mistinmod

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* 11 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give Street and Number.} 338 N. Washington St

Cause of Death, First (Primary), Typhoid Feber

Seeond (Immediate), Exhaustion

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jan 14th 1887

C. B. Schwatka M. D.
Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 108 S. Caroline ~~Address,~~ 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1121

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9737 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, 12 January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karoline Guerth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* 2 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lautenbach — Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} W Pratt Street 212

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 January 1887

Undertaker, F. Foll

Place of Business, Hanover Street *Address,* 720 N Howard Street

N. J. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1751

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97318 *Office of Registrar of Vital Statistics.* **Ward** 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

74

Date of Death, Jan 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Stern

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about four months

Place of Death, {Give Street and Number.} Hebrew Hospital ~~City~~ months

Cause of Death, First (Primary), Malignant disease Larynx

Second (Immediate), Suffocation

Duration of Last Sickness, about 6 mon

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom Cemetery Frappe Road

Date of Burial, Friday Jany 14/87

Undertaker, Jos D. Sondheim

Place of Business, 120 N. Green St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7 5 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17319 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene and Annie Schuly (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 900 Ridgely st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 14th 1887

Undertaker, W J Tickner

Place of Business 221 S Eutaw st *Address,* Com 7th & R

James A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McM Kewen Sanitary Inspector

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97320 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 12 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 401 Vondent alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Convulsions

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Jan 13 1887

Undertaker, William M Lange

Place of Business, 102 East St

M. K. Marine M. D.
Medical Attendant.

Address, 901 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

97321

missing

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 47326 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, January 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Woodlyn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Brown Skinned

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeping: cooking washing, etc

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co, Md.

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give Street and Number.} 41 Lorena Alley

Cause of Death, First (Primary), Haemoluria (1)

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 14th 1887

Undertaker, Margaret Pye

Place of Business, 9 Mulberry St *Address,* 32 Oak St. n. St.

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert.

Health Department, City of Baltimore.

Permit No. 97323 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hesting

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 ~~Yrs~~ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Formerly Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give Street and Number.} Lemon Alley # 1833

Cause of Death, First (Primary), Infirmities of age

Second (Immediate),

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 14th

Undertaker, J. A. Pauly

Place of Business, 207 Hull *Address,*

D. G. Sparrow M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Regulations on the Reverse Side.

Health Department, City of Baltimore.

Permit No. 9732

Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Horan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 1016 Eutaw st

Cause of Death, First (Primary), Consumption

Second (Immediate), 1 month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent - cy

Date of Burial, Jan 14th 1887

Undertaker, Jas O'Byrne

Place of Business, 63 Fayette

Address, 1727 E. Baltimore st.

P. L. Antisdel Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 97325

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lacy

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give Street and Number.} 49 Sterling St

Cause of Death, First (Primary), Chronic Bronchitis & Asthma.

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cy

Date of Burial, Jan 14 1887

Undertaker, Jas C Byrne

Place of Business, 68 Fayette

Geo. C. Reynolds M. D.
Medical Attendant.

Address, 171 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. [illegible]

Health Department, City of Baltimore.

Permit No. 9732G

Office of Registrar of Vital Statistics.

Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 13. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Ramm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give Street and Number.} Spruce Aly. 2008

Cause of Death, First (Primary), Old age.

Second (Immediate),

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, Jan. 16th 1887

Undertaker, Wm Nicolaus

Place of Business, Alice Ann. 1715

J. H. Collenberg M. D.
Medical Attendant.

Address, E. Balto. 1810.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 7[illegible]

Health Department, City of Baltimore.

Permit No. 9327

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. D. Bentley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 654 South St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Jan 25 1887

Undertaker, S. Wehide

Place of Business, 198 Howard St *Address,* 601 Franklin

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 9[illegible]

Health Department, City of Baltimore.

Permit No. 9328

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 11th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 16 Edmondson Ave 1218

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14th 1887

Undertaker, Saml McClure

Place of Business, 641 Edmondson Ave

D W Cathell M. D.
Medical Attendant.

Address, 4 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cau[se]

[ov]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97329

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A. Brack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ever Since Born

Place of Death, {Give Street and Number.} 192 Sharp St

Cause of Death, First (Primary),

Second (Immediate), Croup Incidentous

Duration of Last Sickness, ½ Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 15th 1887

Undertaker, Ernest Schuman

Place of Business, 184 Sharp St *Address,* 623 Hanover St

Returned Cath M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

No. 97330

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97330 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD

CERTIFICATE OF DEATH.

C

Date of Death, Jan 12. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Vain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2320 E. Fayette st

Cause of Death, First (Primary), Hæmorrhage from

Second (Immediate), Ex Laceration

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 14/87

Undertaker, Chas S. Fry

Place of Business, 221 or 87 N Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, 2000 E. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City ... Baltimore ... may ...

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

No. 97331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ... to, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Casey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... Years. Months, 1 day 10 h

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 632 N. Fayette St. (rear)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 532 N. Fayette St.

Cause of Death, First (Primary,) Pericarditis Chronica,

Second (immediate,) Pleuritis Dextra.

Duration of Last Sickness, 1 day & 10 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick cemetery

Date of Burial, Jan 14th 1887

Undertaker, Jos A Cook

Place of Business, No 1003 E. Baltimore St

J. P. Schaub M. D.
Medical Attendant.

Address 167 W. Biddle

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ... attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as ... ed, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause ... in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dehne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Housework duties.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 16 yrs

Place of Death, {Give street and number.} 106 S. Fulton Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Cancer of Uterus, 9 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial New Cathedral Cemetery

Date of Burial, Jan 16th 1887

Undertaker, Jos B Cook

Place of Business 1003 W Baltimore St

J. D. Gibbons M. D.
Medical Attendant.

Address 167 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 97333 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Minor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty nine *Years,* Two *Months,* Fourteen *Days*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Surrey Co Virginia

Duration of Residence in the City of Baltimore, twenty three years

Place of Death, {Give Street and Number.} New No. 10 N. Gilmor St

Cause of Death, First (Primary), Hamorrhage in Pons Varioli

Second (Immediate), Paralysis

Duration of Last Sickness, fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 14th 1887

Undertaker, Jos B Cook

Place of Business, 1003 W Baltimore St

C Hampson Jones M. D.
Medical Attendant.

Address, 602 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97334 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~ a

Date of Death, August 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda E. Nelson

Sex, ~~Male or~~ Femal, {Cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 402 W. Lombard St

Cause of Death, First (Primary), Cancer

Second (Immediate),

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount cem

Date of Burial, Aug 13th 1887

Undertaker, Denny and Hall *Thomas Glenn* M. D.

Place of Business, 750 W. *Address,* 345 St. Charles St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97335 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McGee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Just Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Age & Infirmity

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Jan 14 1887

Undertaker Martin Faher

Place of Business, 1280 W Fayette St *Address,*

Mc Burke Doyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, [redacted] (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97336 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14 1887 CITY OF BALTIMORE

CERTIFICATE OF DEATH. D

Date of Death, January 13. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Rocklman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8. *Months,* ——— *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #1712 Bolton Avenue

Cause of Death, First (Primary), ———

Second (Immediate), Membranous Croup

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 14 1887 J. F. Martin M. D.

Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* #1429 Bolton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97337 *Office of Registrar of Vital Statistics.* Ward 9 C C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Monday January 12th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Haynes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 20 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 65 Davis St 408 Mew

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Suffocation

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 14th 1887

Undertaker, Thos J Locke

Place of Business, 1421 Pitcher St *Address,* Park Ave & Eutaw St

Ed Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97338 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel and Elizabeth Parsons

Sex, Male or Female, {Cross out the word not required in this line.} Parents

Age, A few minutes *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} #19 Pinkney Place

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #19 Pinkney Place

Cause of Death, First (Primary), Death Unknown

Second (Immediate), Apnoea

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 14th 1887

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw St *Address,*

George Lewis Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97339 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Gardinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 2008 Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan. 15th 87

Undertaker, G. Thoma

Place of Business, Bank & Wolfe *Address,* 92 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97340 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Beatty.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole Lifetime

Place of Death, {Give Street and Number.} 854 Bond St

Cause of Death, First (Primary), Laryngeal Phthisis,

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Hebron Green Cem

Date of Burial, Jan 7 1887

Undertaker, G Prana

Place of Business, Bank & Holliday Address, 4 & Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9734 / *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Olivia Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 62 Years.

Place of Death, {Give Street and Number.} 19 Argyle ave

Cause of Death, First (Primary), Sepsis

Second (Immediate), Pyaemia

Duration of Last Sickness, 3 or 4 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus, corner of Fremont St. & German St

Date of Burial, January 15

Undertaker, Walter Inmel

Place of Business, 594 W. Biddle St. *Address,* New No. 414 W. Biddle

I S Kaborg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97342 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bunting

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* 4 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. (Oct 4th 1803)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 120 L. Lough St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), " "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, Sunday Jan 16 1887

Undertaker, Jas. P. Byrne

Place of Business, 302 N. Gay old no[illegible] *Address,* 1020 E. Baltimore St

J. W. P. Bates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 97343 *Office of Registrar of Vital Statistics.* Ward 14 ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 13 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Arenza Butler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bolton Alley

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 140 Harmony Lane

Cause of Death, First, (Primary,) inanition

Second, (Immediate,) Scrofula two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shoppert Cemetery

Date of Burial, Jan 14 1887

Undertaker, William N Bonzo

Place of Business, 150 East St

John Finchcomb of N. M. D.,
Medical Attendant.

Address, 1113 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9734 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 14. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernadine Buseymyer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Religious - Sister of Charity

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} St Mary's Orphan Asylum

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 16th 1887

Undertaker, Hoffstetter & Sons

Place of Business, Park & Saratoga

F. E Chatard Jr M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

(14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97345

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* ~~forty-eight~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 14 1887 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fortune

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} N. Y. City

Duration of Residence in the City of Baltimore, one year & nine months

Place of Death, {Give street and number.} 67 E Edmondson Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Consultion

Duration of Last Sickness, Two hours

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 15th 1887

Undertaker, Kelly Est Cin Hobs

Place of Business, Park & Saratoga

Wm M Nickerson M. D.
Medical Attendant.

Address 700 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 9346 *Office of Registrar of Vital Statistics* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Wagandt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 60 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 1202 Hollins st

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate),

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16th

Undertaker, Geo Schilling

Place of Business, 4th and Lyman

W B Billingslea M. D.
Medical Attendant.

Address, 1206 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 9734 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. JAN 14 1887

CERTIFICATE OF DEATH.

B

Date of Death, January 13 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie V. Stone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1500 N. Caroline

Cause of Death, First (Primary), Dilatation & hypertrophy of the heart

Second (Immediate), Syncope

Duration of Last Sickness, 3 yrs —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 15 1887

Undertaker, [redacted] John D. King M. D.
Medical Attendant.

Place of Business, 1000 E Baltimore Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. [redacted] *it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his [redacted] last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours [redacted] the death, to the [redacted] ertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 17348 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, 14 January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Ferral

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} S. Carolina

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 2693 Fremont St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 15th 1887

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave *Address,* 101 Barnum

H. T. Wheeler M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 97349 *Office of Registrar of Vital Statistics.* Ward 11 CS

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 13th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Maughon Reed

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Keeper of Bath-House

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore — Scotland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 757 N. Howard St (258)

Cause of Death, First, (Primary,) Cancerous tumour of Cord

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 15th 1887

Undertaker, Hew Jenkins & Son

Place of Business, Park & Saratoga

A. F. Smith M. D.,
Medical Attendant.

Address, 128 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97350 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan, 13th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Patterson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, H. W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give Street and Number.} 16 Walnut St

Cause of Death, First (Primary), Paralysis Cause unknown 45 mo

Second (Immediate),

Duration of Last Sickness, Eight Years,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 17 1887

Undertaker, James P Payne

Place of Business, No 63 N Green St *Address,* 1102 E Balto St

A Frederick Shertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9737

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 13 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Freshlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Willow 4-

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), ~~Pneumonia~~ Asphyxia

Duration of Last Sickness, 9 days - 1

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 15th 1887

Undertaker, Henry W. Means

Place of Business, # 413 E. Fayette St *Address,* 4032 Eutaw -

D. Shutt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

Health Department, City of Baltimore.

...rtificate.

Permit No. 97352 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 1887

CERTIFICATE OF DEATH. B

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Ware (Col Mother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Mowis' Court # 3

Cause of Death, First (Primary), ?

Second (Immediate), Convulsions —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Port Cemetery

Date of Burial, June 15th 1887

Undertaker, Geo. E. Brown

Place of Business, Health Office *Address,*

L. G. Spanow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97353 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his life time

Place of Death, {Give Street and Number.} 602 ~~[illegible]~~ Hanover St

Cause of Death, First (Primary), Occlusion of Gall Duct

Second (Immediate), Jaundice & Dr Pleurisy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jany 16th 1887

Undertaker, Wm J. Tickner

Place of Business, 221 S. Eutaw St *Address,*

Edward Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9735

Office of Registrar of Vital Statistics.

Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH JAN 15 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

C

Date of Death, Jan 12, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* + *Months,* + *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow. V

Occupation, — Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co, Md,

Duration of Residence in the City of Baltimore, 4 yrs,

Place of Death, {Give Street and Number.} 316, South Durham St.

Cause of Death, First (Primary), Old age, Bronchitis,

Second (Immediate), Exhaustion, Asthenia

Duration of Last Sickness, Four weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Jan 15th 1887

Undertaker, H Bultman Jr

Place of Business, 1709 E Lombard St

A. J. Gouvieler M. D.
Medical Attendant.

Address, 233 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97353 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Loffler

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Two *Years,* Eleven *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Nr. 410 (old No.) Hanford ave

Cause of Death, First (Primary),

Second (Immediate), Laryngitis (Croup.)

Duration of Last Sickness, About four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 15th 1887

Undertaker, A. Fink & Son

Place of Business, 476 N. Gay St. *Address,* 1241 Hanford ave

Augs A. Elwell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27357 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT JAN 15 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Warfield

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* a little over 3 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 89 Columbia Ave (Old No)

Cause of Death, First (Primary), Inanition

Second (Immediate), Measles

Duration of Last Sickness, 29 or 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 15th 1887

Undertaker, John J. Mercher

Place of Business, No 150 Eastern Ave

Elias C Price M. D.
Medical Attendant.

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9735 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH JAN 15 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Dredger on board Pungy "Vineyard" {Capt. Sol. Messick}

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portland

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give Street and Number.} Accidentally drowned at Reeder's Wharf foot of Cross St.

Cause of Death, First (Primary), Drowning

Second (Immediate), Asphyxia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 14th 1887

Undertaker, Geo. E. Brown

Place of Business, 1012 N. Fulton

Frank J. Flannery, M. D.
Coroner.
Medical ~~Attendant~~.
Address, 1701 St. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99358 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the delivery to this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jan" 15" 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad. M. DeLawarz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 2. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 105 N Frederick St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Spasms.

Duration of Last Sickness, all it's Life

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, Jan 15" 1887

Undertaker, H. Means. James A Steuart M. D.

Medical Attendant.

Place of Business, Gay St Comm" of Health & Registrar

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9959 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss. May Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* 6 *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Infant

Occupation, — — — — — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give Street and Number.} 289 Old No. 1 Mc Elderry St.

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), Apnea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Locust Gem.

Date of Burial, January 17 1887 John U. Dickel, M. D.

Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Aisquith *Address,* 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97360

Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan" 14" 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ann. Washington. Boston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male. Parents to

Age, ~~~ *Years,* ~~~ *Months,* 14. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 217 Vincent alley.

Cause of Death, First (Primary),

Second (Immediate), Incanition

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Sut Cem

Date of Burial, Jan 15" 1887

Undertaker, Geo. E Bronx

Place of Business, City

James H Chase M. D.

Medical Attendant or Coron" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John. E Duding = Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9361

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Wilson (Col, Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Parish Alley # 3

Cause of Death, First (Primary), Catarrhal affection of the air passages

Second (Immediate),

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 17 1887.

Undertaker, Richard Lacy

Place of Business, 150 E. Pratt *Address,*

L. G. Sparrow M. D.
Medical ~~Attendant~~.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9362 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 6 Hagers ct.

Cause of Death, First (Primary), Scrofula & Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Jan 17 1887.

Undertaker, W. Rinn & Bro

Place of Business, 150 East Pratt *Address,* 1201 N. Eden St

Edwin B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17263 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 13. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arietta M. Cutler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 2 Months,

Place of Death, {Give Street and Number.} 20 S. Patterson Park Av.

Cause of Death, First (Primary),

Second (Immediate), Consumption,

Duration of Last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jany. 15/87

Undertaker, M. A. Sayer & Atty J. W. Hook M. D.

Medical Attendant.

Place of Business, 74 S. Bdwy. Address, 1605 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97364 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 1887

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Hauft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} # 711 S. Bethel St

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem.

Date of Burial, Jany. 15th 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Eastern Av. *Address,* 1709 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 97365 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1887 BALTIMORE

CERTIFICATE OF DEATH. B

Date of Death, Jan. 14: 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Mary Engelbrecht

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and Number. } 179 Eliota St.

Cause of Death, First (Primary), Cerebral Haemorrhage

Second (Immediate), H

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 17: 1887

Undertaker H. Lindow & Son

Place of Business, 1710 Canton Ave

Samuel E. Linville M. D.
Medical Attendant.

Address, 99 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 97366 ; *Office of Registrar of Vital Statistics.* Ward 5 — 0 — 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1887 BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Egbert Louis E. Fraeuber

Sex, Male or Female, {Cross out the word not required in this line.} Male Fraeuber

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Drummer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Durin Life

Place of Death, {Give street and Number.} No No170 New Number 414. Chestnut st

Cause of Death, First (Primary), Brights Disease and Dropsy

Second (Immediate),

Duration of Last Sickness, 27 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Jan 16th 1887

Undertaker H. Sanders & Son

Place of Business, 1710 Canton ave

A. P. Yeats — M. D.
Medical Attendant.

Address, 525 Phila Road —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27367 *Office of Registrar of Vital Statistics,* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Gaunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give Street and Number.} 516 N Bond St

Cause of Death, First (Primary), ...

Second (Immediate), Laryngeal Phthisis

Duration of Last Sickness, about 14 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto, Cem.

Date of Burial, Jan 16, 1887.

Undertaker, Chas H. Hickman. *Address,* 1206 E. Preston

Place of Business, 23rd & Oliver

Wm B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97368 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 701 Windsor Street

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jan 17

Undertaker, M. Clark

James O. McShane M. D.
Medical Attendant.

Place of Business, 92 S. ... *Address,* 417 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9736

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Hindes

Sex, Male or Female, {Cross out the word not required in this line.} Female (Mother

Age, ... *Years,* ..... *Months,* 3 hours *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 2[illegible] Pratt [illegible]

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Shupe St Cemetery

Date of Burial, Jan 15 1887

Undertaker, William N Dunn

Place of Business, 150 East St *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97370 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Estella Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 14 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give Street and Number.} 1804 Etting St. Baltimore.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), " "

Duration of Last Sickness, Between two and three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 16th 1887

Undertaker, Wm J Grey

Place of Business, 65 Mulberry

Sam'l T. Earle M. D.
Medical Attendant.

Address, 1431 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97371 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Worley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* 0 *Months,* 0 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 697 W. Fayette St

Cause of Death, First (Primary), Old age

Second (Immediate), Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Jany 16th 1887

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette St *Address,* 319 Holliday St

James T Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9332 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Boylan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, "Hackhiring"

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give Street and Number.} 396 Maryland St.

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 17th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry *Address,* 1706 N Monroe Ave

John Smyth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9373

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 14th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Nemeth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 360, E Chase st

Cause of Death, First (Primary), Cystitis

Second (Immediate), Acute Insufficiency

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft. Holabird

Date of Burial, Jan 17 1897

Undertaker, Fink & Lee

Place of Business, 415 N. Gay

Wm. L. Russell M. D.
Medical Attendant.

Address, 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9374 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JAN 16 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 15 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Jefferson St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 16/87

Undertaker, Wm S. Fry

Place of Business, 321½ Broadway

Geo Hall Rich M. D.
Medical Attendant.

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 9375 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1887

CERTIFICATE OF DEATH.

Date of Death, January 15-1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frau Margaretta Philomena Hauk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 7 *Months,* 5 *Days.*

~~*Color,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Her household duties —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 1920 Lemon al

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 mos — about

All the above information should be furnished by the Physician.

Place of Burial, Druid Home Cemetery

Date of Burial, Jan 17th

Undertaker, Jos. Goerdens & Son

Place of Business, 210 W. Schroeder Ave *Address,* 1521 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7736 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

BALTIMORE HEALTH DEPARTMENT JAN 16 1887

CERTIFICATE OF DEATH.

Date of Death, January 14th 187

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Blackett

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* 5 *Months,* 8 *Days.*

Color, Cold.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } a a Co Md.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and Number. } M 60 de m - Parker St

Cause of Death, First, (Primary.)

Second, (Immediate,) Acute Pulmonary Consumpt

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Jan 17 187

Undertaker, H Rast

Place of Business, 75 Conway *Address,* Mt Vernon Pl.

Z. Bull M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7377 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 4th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Agustus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Mulatto

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1102 Cathedral St

Cause of Death, First (Primary), Mitri Valvulorum Cordis

Second (Immediate), Syncope

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 16 1889

Undertaker, B W Chase

Place of Business, 198 Howard St *Address,* 18 Franklin St

C. H. Thurston Wood, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9737 8 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 14 January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shippeart

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 23 *Years,* 8 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Lithographer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} William Street 1273

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16 January 1887

Undertaker, B. Hurle

Place of Business, 115 West Street

Lewis Reinhard M. D.
Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9379 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1889

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Eisler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 15 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 40 York Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan 17 89

Undertaker, B Earle

Place of Business, 115 Mch st

by Leonard Eisler M. D.
Medical Attendant.

Address, 218 Mch ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 27380 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JAN 16 1887

CERTIFICATE OF DEATH.

C

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} None John & Emma Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* One *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2134 Mc Elderry St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Emanition

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 18 1887

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 933 N. Broadway

L B Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97381 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 17 87

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Mill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1513 Millman St

Cause of Death, First (Primary), ...

Second (Immediate), Heart Disease

Duration of Last Sickness, ~~Jan 16~~ Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, Jan 17th 1887

Undertaker, Fred Gaede

Place of Business, 108 E. Caroline

J O'Connor M. D.
Medical Attendant.

Address, 131 Millman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9738 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 16. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Phillip Stuckert

Sex, Male or Female {Cross out the word not required in this line.}

Age, 80 *Years,* / *Months,* / *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or~~ Widower, {Cross out the words not required in this line.}

Occupation, mine for 15 years

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 52 yrs

Place of Death, {Give Street and Number.} old no 122. S. Caroline St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 17th 1887

Undertaker, Fred Gaede

Place of Business 108 S Caroline

Dr. W. Thomas M. D.
Medical Attendant.

Address, 1006 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9383 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Virginia Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 824 N Amity St

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate), Hypertrophy of Heart

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 18 1887

Undertaker, John W Jackson

Place of Business, Gay & Carlton *Address,* 200 N Howard

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 97384 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

JAN 17 1887

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Justis Watson

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Twenty-two *Years,* Eleven *Months,* two *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Glass-Blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Twenty-two years

Place of Death, {Give street and Number.} 1021 North Ave.

Cause of Death. First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, About twenty-two months

The above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 17th

Undertaker H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

C. A. Jones M. D.
Medical Attendant.

Address, 1021 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9385

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, Jany 16/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Henry Arney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— Years, 7 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2002 Fredrick

Cause of Death, First (Primary), Cerebro meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Jan 18 1887

Undertaker, Geo. Hooke

Place of Business, 307 W Baltimore

D. A. Warner M. D.
Medical Attendant.

Address, 1123 Nelson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7386

Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 17 1887

CERTIFICATE OF DEATH.

B

Date of Death, Jan 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen R. Waters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth-Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 148 N. Jones and 1

Cause of Death, First (Primary), Phthisis Pulmonum Chronic Rheumatism

Second (Immediate), Arthritis Pulmonary Hemorrhage.

Duration of Last Sickness, 10 years - one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 17th 1887

Undertaker, Emmy & Mitchell

Place of Business, 836 W Fayette

Chas. H. Cole M. D.
Medical Attendant.

Address, 1113 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97387 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan, 16th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. son of Wm H. Saunt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 512 Granby St

Cause of Death, { First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan. 17th 87

{ *Undertaker* John C. Schuh

Place of Business, 265 Aisquith Ave *Address,* 1102 E Balto St

Attended Shortyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97388 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella V Hildebrand

Sex, ~~*Male*~~ *or Female.* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15 E Monroe St

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 17 1887

Undertaker, John P. Pauli — *Medical Attendant.* Jno Bosley M. D.

Place of Business, 2007 Fred *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97389 *Office of Registrar of Vital Statistics.* Ward 10 4

JAN 17 1897

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 - 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Hoffman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 20 *Days.*

Color, white

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give Street and Number.} # 419 Fremont Av.

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Acute Nephritis + Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18th 1897

Undertaker, Wm. Sewald

Place of Business, 114 S. Eutaw

Louis Chas Lom M. D.
Medical Attendant.

Address, Myrtle Ave & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9739 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1887

CERTIFICATE OF DEATH.

Date of Death, 16th January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 3 *Months,* *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 15 Jew alley

Cause of Death, First (Primary), Organic Disease of Heart

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17 1887

Undertaker, C H Chase

Place of Business, 198 Howard St

H. W. Ohnings M. D.
Medical Attendant.

Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 97391 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1887

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 16, 14, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Hagans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, ed

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 93 Harmony Lane

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 19 1887

Undertaker, I S Wilcox

Place of Business, 98 Howard

G. A. Fleming M. D.
Medical Attendant.

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 9739[illegible] *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 17 1887

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Sophie Phillips

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Jamaica West Indies

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Hospital cor Townsend & John Sts

Cause of Death, First, (Primary,) Secondary Haemorrhage

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Niagara Ontario Canada.

Date of Burial, Jany 14th 1887

Undertaker, Denny and Mitchell H. McWilson M. D.,
Medical Attendant.

Place of Business, 550 W Fayette St *Address,* 814 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 97393 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JAN 17 1887

a

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schmitzel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months.* 5 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 14 Albemarle

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns.

Date of Burial, Januar 17th 1887

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

J. W. P. Bailey M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 97394 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 17 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Laura Sedden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* 9 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 1707 Park avenue

Cause of Death, First (Primary), Rheumatism & Pneumonia

Second (Immediate), Septicaemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany. 17th 1887

Undertaker, Hen. Jenkins & Sons

Place of Business Park & Saratoga Sts *Address,* Woodberry Md

Geo H. Cairnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9739 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 17 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kingsby Luthicum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} Dropped dead in a Saloon Cor Johnson & Wash St. Where he had stopped while going to work

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Syncope

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Glen. Ell. Howard County

Date of Burial, Jan 18 1887

Undertaker, Daniel Flynn

Place of Business, 42. East. Mul [illegible]

T J Flannery M. D.

Medical Attendant.

Coroner

Address, 170 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4506 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 97396 *Office of Registrar of Vital Statistics.* Ward 1 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emma R. Miles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2201 E. Lombard St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 18th 87

Undertaker, G. Evans

Place of Business, Pontz & Wolfe Address, 2000 E. Balto St.

G. Glanville Rusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 97377 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JAN 17 1887 BALTIMORE MD.

CERTIFICATE OF DEATH. B

Date of Death, January 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If any infant not named, give names of parents.} Fred. L. Polzpanke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 25 N. Central Avenue

Cause of Death, First (Primary), Cancer of the Liver

Second (Immediate),

Duration of Last Sickness, 3 Months

the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Jan. 18 1887

Undertaker G. Pfanz

Place of Business, Pfanz & Polfuss *Address,* 299 E Balt. St.

Frank E Denike M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 97398 *Office of Registrar of Vital Statistics.* Ward 11

JAN 17 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1887 (Aaron Weingarten)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Weingarten

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} (Aaron)

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Last 4 Years

Place of Death, {Give Street and Number.} Druid Hill Ave 59

Cause of Death, First (Primary), Cancer Liver Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Congregation Cem.

Date of Burial, Jan. 17th 1887

Undertaker, J. H. Sadtler

Place of Business, 12 & 14 Greene St

Address, 1516 Hanover St

W. H. Law M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9399 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT JAN 17 1887 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 2002 Fayette Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Jany. 19th 87

Undertaker, H. A. Dugan Atty

Place of Business, 229 E. Bway,

D. L. Lauch M. D.
Medical Attendant.

Address, 1727 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 974100 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas E W. Arista Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 8 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 1363 Woodyear st

Cause of Death, First (Primary), Scrofulosis,

Second (Immediate), Bronchitis.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, ~~Patterson~~ Baltimore Co Meth Prot Ch

Date of Burial, Jan 17 1887

Undertaker, Andrew Burke

Place of Business, 730 Penna Ave *Address,* 832 N Eutaw

Edw Janney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97401 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Beall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 1 *Months,* 10 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} #1447 North Fulton Av

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 17th 1887

Undertaker, J. M. Leonard & Co J. W. J. England M. D.

Medical Attendant.

Place of Business, 782 W. Baltimore *Address,* 130 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 97402 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Gordon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} Nw 1122 Druid Hill Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, A year or more

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 18. 1887

Undertaker, Martin Fahey

Place of Business, 128 W Lowen Ave *Address,* 1124 Druid Hill Ave

L. B. Cacatti M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97403 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Keefer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn'a City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1819 Hanover St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem

Date of Burial, Jan 18th 1887

Undertaker, Julius Koehler

Place of Business, Sharp & Brasier *Address,*

A Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 974404

Office of Registrar of Vital Statistics. 5 11 87

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

RECEIVED JAN 17 1887 BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, Jany 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Branson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nor 305 Forrest Street

Cause of Death, First, (Primary.) Consumption of the Lungs

Second, (Immediate.)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Jan. 18. 1887.

Undertaker, W W Madden

Place of Business, 76 East Dr

H E Hooke M.D.,
Medical Attendant.

Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 97405 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 17 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cummings

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 83 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 107 (old Number) S Bolton St.

Cause of Death, First (Primary). Gastric Catarrh

Second (Immediate). Exhaustion

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jany 18th 1887

Undertaker M. Clark

Place of Business, 92 W Balto

James E Ensor M. D.
Medical Attendant.

Address, 29 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97406 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 17 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May M. Nankville

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} 1220 N. Gay St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralasis of Heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cem

Date of Burial, Jan 18 1887

Undertaker, John W Jackson

Place of Business, Gay & Eager

Thos J Simms *M. D.*
Medical Attendant.

Address, 504 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9407 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Seitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 1 *Months,* 5 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 37 fifty yrs.

Duration of Residence in the City of Baltimore, fifty yrs.

Place of Death, {Give Street and Number.} 290 S. Bond St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 18th 1887

Undertaker, H. Sander & Son

Place of Business, 170 Caton Ave. *Address.* 2000 E. Balto.

G. G. Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 974408 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 17 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 15 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry P Collesan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 725 S Regester

Cause of Death, First (Primary), Malignant disease of Heart

Second (Immediate),

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan 16. 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Carlton

E A Lewis M. D.
Medical ~~Attendant~~. Coroner

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9404 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Lubner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No. 1 E. Cor. of Gough & Aisquith Sts

Cause of Death, First (Primary), Diarrhoea

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 18. 1887

Undertaker, H. Sanders & Son

Place of Business, 1710 Canton *Address,* Shot 111 S. Broadway

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97410 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17

CERTIFICATE OF DEATH.

C

Date of Death, Janry 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Eight~~ — *Years,* Eight *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1203 Ramsay St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Effusion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Cemetery

Date of Burial, Jan 18th 1887

Undertaker, Jas B Cook

Place of Business, No 1003 W Baltimore *Address,* 736 N Eutaw

B F Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9741 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josepha Hauler's

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia (7 yrs in A.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Asthenia

Duration of Last Sickness, About 18 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ci

Date of Burial, Jany. 18/87.

Undertaker, Frank. Leach

Place of Business, 249 N Durham Address, 624 N Calvert

Oscar J. Lokey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97412 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death, Jan 17. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard E Schultze

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* / *Days* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 Enson St.

Cause of Death, First (Primary), Bronchitis (Capillary) Bottle Co

Second (Immediate), Exhaustion.

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18. 82

Undertaker, H. Hofmann

Place of Business, 634 E. Baltimore St.

E. D. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97413 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Metz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 7 *Months,* 18 *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Over 6th

Place of Death, {Give Street and Number.} 237 Ramsey St.

Cause of Death, First (Primary), Cholera-Morbus

Second (Immediate),

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jany 19th 1887

Undertaker, Wm J. Tickner

Place of Business, 221 S. Eutaw St

Wm H. Alderdice M. D.
Medical Attendant.

Address, Cor. Columbia & Fremont Aves.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97414 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Frazier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S. —

Duration of Residence in the City of Baltimore, 20 yrs. —

Place of Death, {Give Street and Number.} Rickett Court No 8

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate)

Duration of Last Sickness, Several Years —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 1887

Undertaker, Thomas Ross

Place of Business, 15 Courtney St

Geo. F. Strauss M. D.
Medical Attendant.

Address, 9 E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97415 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Daniel Lane Jany 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ^

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} (old) 249 W. Preston St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Jan 19-87

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,* 311 W. Monument St.

E. O'Donovan Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/2416 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1887 BALTIMORE

CERTIFICATE OF DEATH. a

Date of Death, Jan 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Wright (mother)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 93 N Dallas st

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Com

Date of Burial, Jan 17th 1887

Undertaker, Geo Rinehart

Place of Business, Health Dept *Address,* Cen Sq N of R

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Henry McM Rowen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Calbraith Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 19 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Jordan Alley #18 old No

Cause of Death, First (Primary), Croup -

Second (Immediate),

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Gem

Date of Burial, Jan 18th 1887

Undertaker, Chas T. Scriven

Place of Business, 911 N Eutaw St *Address,*

L. G. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97418 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 100 Corporation Pratt St

Cause of Death, First (Primary), Senile Catarrh

Second (Immediate), Dropsy

Duration of Last Sickness, Two (10) Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 18th. 1887

Undertaker, D. F. Dill & Son

Place of Business, 746 Columbia Address 510 Cookie St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97419

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Diggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cobbing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 2 Years

Place of Death, {Give Street and Number.} Eselson Court # 1017

Cause of Death, First (Primary), Affection of the Heart

Second (Immediate), & Asthmatic Paroxysm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Jany 17th 1887

Undertaker, Geo. E. Brown

Place of Business, 1012 N. Stricker St. *Address,*

L. G. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9742 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 18 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellin Hoffman Crane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 68 Franklin St.

Cause of Death, {First (Primary,) Pulmonary Phthisis. / Second (Immediate,) Asthenia.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 19th 1887

Undertaker, Wm J Enslen & Sons

Place of Business, Park & Saratoga

Samuel Johnston M.D.
Medical Attendant.

Address 204 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97421 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederick Hecker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ~~Months~~, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} No 2424 Canton Ave

Cause of Death, First (Primary), Diabetis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 19 1887

Undertaker, H. Sander & Son

Place of Business, 1706 & 1710 Canton Ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Phys[illegible] is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Heal[illegible] Department, City of Baltimore.

Ward 18

Permit No. 97142 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carrol Burff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ~~—~~ *Months,* 18 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 1248 Dungeant- St City

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septic Poisoning from above

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 19/887

Undertaker, John S. Medlie

Place of Business, Pacca & Camden *Address,* 909 Columbia Ave

R D Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97423 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 18 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman D. Middendorff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} 521 N. Central Av

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 20th Jan 1887

Undertaker, Henry Hohman

Place of Business, 63 N Eden St *Address,* 1005 E Balt St

J. W. Hook *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9742 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 17 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Boone.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland. 20 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 229 York St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Jan 18 1889

Undertaker, W M Chase

Place of Business, 198 Howard St

C W S Boos M. D.
Medical Attendant.

Address, 617 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9425 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 18 1897 HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH

B

Date of Death, Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie C. Stubbs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 103 Gruent. Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 18th

Undertaker, W. C. Windefeld

Place of Business, 916 Gruenit Ave

J. H. Robinson M. D.
Medical Attendant.

Address, 715 Gruenit Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97426 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th Jan 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F Koelper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Block & Pump Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 212 Fairmount Ave

Cause of Death, First (Primary), Chronic Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Bolts Cemetery

Date of Burial, January 20th 1887

Undertaker, Dennis & Mitchell

Place of Business, 208 S Broadway *Address,* 1833 E Baltimore St.

E. P. Sons *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9742 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 18 1887

CERTIFICATE OF DEATH.

B

Date of Death, January 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Krom

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 11 *Months,* ~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 97 S Eden st

Cause of Death, First (Primary), Cold & Teething

Second (Immediate), Marasmus

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Druid Road

Date of Burial, Jan 19th 1887

Undertaker, Evans & Spence

Place of Business, No 1000 E Baltimore *Address,* 121 E Baltimore st

S. Ridgway Brune M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97428 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 17. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 2 *Months,* *Days.*

Color, ~~White~~ Mul

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, {Give Street and Number.} 502 N. Caroline St.

Cause of Death, First (Primary), Melancholia

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19th

Undertaker, A Gensley

Place of Business, 116 Orchard St

R. C. Clark M. D.
Medical Attendant.

Address, 1000 E. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9744 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1887 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

D

Date of Death, Jan 17. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Levi matthews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 6 *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Maried

Occupation, Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1309 H. Alley

Cause of Death, First (Primary), Acute Catarhal Pneumonia

Second (Immediate), Chronic Intrstitial Pneumonia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 19th 1887

Undertaker, William Tunis

Place of Business, 157 East St

A. L. Gage M. D.
Medical Attendant.

Address, 1053 N Bway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97430 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 65 N. Spring

Cause of Death, First (Primary), Entritis

Second (Immediate), Collapsis

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 19 Jan 1887

Undertaker, Jas. P. Byrne

Place of Business, 302 N Gay

G. G. Myers M. D.
Medical Attendant.

Address, 4 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97431 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 18/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 5 *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since 13 inst

Place of Death, {Give Street and Number.} 521 Cooper

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 20 1887

Undertaker, H. Boss

Place of Business, 95 Eastern Ave *Address.* 602 Aisquith

Jno A Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97432 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thomlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} East

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 273 W. Hoffman St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20 . 87

Undertaker, Alex Hemsley

Place of Business, 661 Orchard St *Address,* 1019 N. Gilmore.

L. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97433 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora Cleveland Ruder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 94 N. Calhoun St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Jany 19" 1887

Undertaker, Dennis & Mitchell

Place of Business, 53 & 55 W. Fayette St *Address,*

Geo. W. Kuethen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 97434

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1887

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Alfred B. Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saleman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 55. Harlem Avenue

Cause of Death, First, (Primary.) 1

Second, (Immediate.) 1 Hemmage of the Stomach

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Jany 20th 1887

James Armitage M.D.
Medical Attendant.

Undertaker, Deeley & Mitchell

Place of Business, 530 W Fayette St Address, N. W. 14. N Pace St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 97435 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hunter

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Cross St

Cause of Death, First (Primary), Burning

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 20th

Undertaker J. J. Govan

Place of Business, 59 Hollins St

Wm H. Power M. D.
Medical Attendant.

Address, 1111 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Fassett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 886 W. Baltimore st

Cause of Death, First, (Primary,) Constitutional weakness

Second, (Immediate,) Consumption

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th/94

Undertaker, Geo Schilling

Place of Business, Fallsway Express

E. N. Lee M. D.
Medical Attendant.

Address, 402 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/437 *Office of Registrar of Vital Statistics.* Ward 6 c f

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Howe (Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2504 E Hoffman st

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 19th 1887

Undertaker, W N Dunger

Place of Business, East st

James A Steuart M. D.
Medical Attendant.

Address, Eutaw & Mad

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97438 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK REGISTERED
JAN 19 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Field

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about twenty five years

Place of Death, {Give Street and Number.} 12 Grundally ct

Cause of Death, First (Primary), Chronic Bronchitis;

Second (Immediate), Ascites & Anasarca

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, Jan 20 1887.

Undertaker, Hercules Ross

Place of Business, 96 Canton St

Selin Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

$50 Transit

No. 1 1 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97439 *Office of Registrar of Vital Statistics.* Ward 2 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1897 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Jany. 18 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dulany

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} C

Occupation, Boarding House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 67 Charles

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 20th

Undertaker, Wm Schaeffer

Place of Business, 535 Front St

Jno L Whitten M. D.
Medical Attendant.

Address, 77 do Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1440

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97440 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Swan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 8yrs

Place of Death, {Give Street and Number.} 3 N. Gay St

Cause of Death, First (Primary), Fatty degeneration of heart

Second (Immediate), Heart Paralysis

Duration of Last Sickness, 4 or 5 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 20th/80

Undertaker, J. M. Bridgman

Place of Business, 696 Madison St

M. D. Medical Attendant.

Address, 8 S. W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97441 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Kearney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter in the Custom House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} Boyd St #40 old No

Cause of Death, First (Primary), 1 Suicide by Shooting himself with

Second (Immediate), a pistol through the right eye

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 20th 1897

Undertaker, M. Caddigan

Place of Business, 596 Mulberry St *Address,*

L. G. Brannon *M. D.*

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9716/12 *Office of Registrar of Vital Statistics.* Ward 7-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 19 1912

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Buchanan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md ~~US~~ 58 Hillman Av

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 58 Hillman Av.

Cause of Death, First (Primary), Premature birth

Second (Immediate), ...

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 19 th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Gremmit Av

Edward P. McDevitt M. D.
Medical Attendant.

Address, 208 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9943 *Office of Registrar of Vital Statistics.* Ward 7th C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 18, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Cook

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 21 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co., Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 1700 E. Baltimore St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, West Grove Chester Co Pa

Date of Burial, Jan. 20 1887

Undertaker, John W Jackson

Place of Business, Gay & Gardner *Address,* 1101 N Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97444 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Daugherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 1526 N. Calhoun St

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), ((((

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, January 19th 1887

Undertaker, Martin Fahey

Place of Business, 128 Townsend St

Geo. W. Norris M. D.
Medical Attendant.

Address, 1301 Presstman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97[illegible] *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard H Brake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 6 1 1 17

Place of Death, {Give Street and Number.} 4 Hermitage St

Cause of Death, First (Primary), Pseudo membranous Croup

Second (Immediate), Apnea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 21/87

Undertaker, Armstrong Bro

Place of Business, 963 Light *Address,* 115 Light St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/1646 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 18, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Lano

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

~~*Color,*~~

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Notion dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give Street and Number.} 410 E Bartlett St

Cause of Death, First (Primary), Dispepsia

Second (Immediate), Atrophy of the Liver

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetary

Date of Burial, Thursday Jan 20

Undertaker, Joseph E Friedlieb

Place of Business, 1211 E Fayette St

W. W. White, M. D.
Medical Attendant.

Address, 1101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9716[illegible] *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Washington League

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, three *Months,* twenty-six *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 245 (Old No) Pratt Street

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 19 1887

Undertaker, D. M. Leonard & Son

Place of Business, 724 W Balto

[illegible] *M. D.*
Medical Attendant.

Address, 220 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9748 *Office of Registrar of Vital Statistics.* **Ward** 6 C C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19

B

CERTIFICATE OF DEATH.

Date of Death, January 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shaw Planer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Widower

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} Old Pt. 123 N. Washington

Cause of Death, First (Primary), Chronic Enteritis

Second (Immediate), Marasmus

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, West Lot Bedemer

Date of Burial, Jany. 20/87.

Undertaker, Frank. Craddock

Place of Business, 349 N. Durham *Address,* 125 Eden st

L. Oldenburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97449 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 18, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* [illegible] *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1121 East Lt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1121 Alb St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, last one month

All the above information should be furnished by the Physician.

Place of Burial, Pub Cemetery

Date of Burial, Jan 20

Undertaker, Geo Rinehart

Place of Business, Health Office *Address,*

Robert McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 97450 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JAN 20 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th/97

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Littleton Miles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} #1134 Hilliard Ave

Cause of Death. First (Primary), Enteric Fever?

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 WEEKS.

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, January 20th 97

Undertaker Samuel W Chase

Place of Business, Howard St

John G. Huck M. D.
Medical Attendant.

Address, Argyle Ave & Dorsey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97457 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 20 1887

CERTIFICATE OF DEATH.

C

Date of Death, June 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hirshberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 621 (New) Lexington St.

Cause of Death { First (Primary), Stomach disease

{ Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Meb. Cong. Cemetery

Date of Burial, Janu. 20th/87

Undertaker, Charles Sander & Sons

Place of Business, # 708 E. Pratt St. *Address,*

A. Deuel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97452 *Office of Registrar of Vital Statistics.* Ward 20 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Holland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, without employment at time of death

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give Street and Number.} Found dead on Col North side of Gould St Jan 19th 1887

Cause of Death, First (Primary), Exposure and intemperance

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Jan 20th 1887

Undertaker, Jas J. Chalmers

Place of Business, Penna Ave *Address,*

L G Sparrow M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

450 Frank St

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97453 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1.19.87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clement Work.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 416 N. Stricker

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), 2 yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 21st 1887

Undertaker, John S. Starkey

Place of Business, No 150 Camden

J. W. Edmunds M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1454

Health Department, City of Baltimore.

Permit No. 97454

Office of Registrar of Vital Statistics.

Ward 8 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 18 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Connoly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give Street and Number.} 130 Greenmt Ave

Cause of Death, First (Primary), Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan. 20th 1886

Undertaker, W Cadogan

Place of Business, 227 W Saratoga St

J H Robson M. D.
Medical Attendant.

Address, 125 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 94453 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 19th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Griffin

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} female

Age, ~~~~ *Years,* 3 *Months,* 10 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

~~*Occupation,*~~ a Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} no 81 Dover Street

Cause of Death, First (Primary), Severe Cold

Second (Immediate), Bronchial Catarrh

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, Jan'y 20th 87

Undertaker, H Rose

Place of Business, no 95 Conway *Address,* [illegible]

Thos A Clemens M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. C. Seward S. I.

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9456 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, January 19th 1867

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Brooks

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 41 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Marble Stone Mason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} (983 Mul) 121 Hollins St

Cause of Death, First (Primary), —

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Janry 20

Undertaker, J B Cook

Place of Business 1003 W Balto St *Address,* 279 West Fayette

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 97457 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1897

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give name of parents.} Jas. H. Hartman

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Conductor B. & O.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Life years

Place of Death. {Give street and Number.} 650 S. Wanted st

Cause of Death. First (Primary), Exposure

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, 1 week

All the above info matter should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, Jan 21 at 1897

Undertaker Armstrong & Denny

Place of Business, 263 Light St Address, 650 S. Wanted St

Geo. H. Dunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4305 Fraser

[OVER.]

No. 1145

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97458 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, 19th Jan 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wells Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2034 Fairmount Ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 21st 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S. Broadway

E. F. Cronin M. D.
Medical Attendant.

Address, 1835 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97459 *Office of Registrar of Vital Statistics.* Ward 19 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 20 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 19 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Gibney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 1725 Edmondson Ave.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 21" 1887

Undertaker, Delany & Mitchell

Place of Business, 530 W Fayette Address. 43 N. Calvert

Alexander Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97460 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 20 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan, 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wm of Caroline Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 24 *Days.*

Color, W

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 208 S Dallis St

Cause of Death, First (Primary), Dentition

Second (Immediate), Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 20th/87

Undertaker, Chas. S. Butler

Place of Business, 132 N Caroline St.

Strupstherger M. D.
Medical Attendant.

Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97461 *Office of Registrar of Vital Statistics.* Ward 4th

BUREAU DEPARTMENT JAN 20 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frueh.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ——— *Months,* ——— *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer. V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 41 East St. (old No)

Cause of Death, First (Primary), Pneumonia (Congestion)

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Pol. Cemetery

Date of Burial, Jan 20th 1887

Undertaker, Geo. Ritchie

Place of Business, Health Office *Address,* 133 N. Gay St.

J. Chamberlain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/462 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 20 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Abrahams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England — 20 years

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cancer of breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 20/86

Undertaker, Chas L Servin

Place of Business, 9/1 N Eutaw

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97463

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97463 *Office of Registrar of Vital Statistics.* **Ward** 23rd

HEALTH DEPARTMENT JAN 20 1897 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Johnson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Balt. University Hospital

Cause of Death, First (Primary), Syphilis,

Second (Immediate), Cachexia

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ex. Co.

Date of Burial, Jan 20 '97

Undertaker, [illegible]

Place of Business, 150 East St

William J. Cathell M. D.
Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1404

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97464 *Office of Registrar of Vital Statistics.* Ward 5 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1887 BALTIMORE, MD.

B.

CERTIFICATE OF DEATH.

Date of Death, January 19-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Bunting

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Auction Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balto City Md~~ Virginia

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 404 E. Monument St

Cause of Death, First (Primary), Carcinoma of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year & half

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Janu 21 1887 Geo. F. Taylor M. D.

Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Calvert St *Address,* 728 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97465

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97465 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th Jan. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Wirth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* 5 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Enon Il (55 yrs 8 M)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (old No) 67 Amity st. (Wirth)

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Carbonic acid poisoning

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 20 1887

Undertaker, John Harned

Place of Business, 342 Orleans St *Address,* 120 Paul st Balto

D. C. Hellman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 4 6 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97466 *Office of Registrar of Vital Statistics.* Ward 21 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* 7— *Months,* ——— *Days*

Color, D

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 46 East St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " " Exhaustion

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 21st 1887

Undertaker, W. H. Nadler

Place of Business, 46 East St

Theophilus Parsons M. D.
Medical Attendant.

Address, 1158 Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 97467 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 18th. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Batchelor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 2733 Lancaster St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Croup

Duration of Last Sickness, About 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan. 20th 1887

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts. *Address,* 708 S. Edwards

W. L. Darnall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

One visit — when in a dying Condition

No. 97468

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97468 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1818 N. Central Ave

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemy

Date of Burial, January 21, 1887

Undertaker, Henry Hoen

Place of Business, 1823 Central Ave *Address,* Cor Caroline & Hoff

Schelmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Respectful Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97269 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 19 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Marshall Jamley

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 20 *Years,* 11 *Months,* 19 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Orleans

Duration of Residence in the City of Baltimore, about 8 yrs.

Place of Death, {Give Street and Number.} 920 St. Paul St

Cause of Death, First (Primary), Erysipelatous Entis

Second (Immediate), Acute tracheitis

Duration of Last Sickness, Ill for 18 months – tracheitis for 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 21st Jan 1887

Undertaker, H.W. Jenkins & Sons

Place of Business, Park & Saratoga

J E Atkinson M. D.
Medical Attendant.

Address, 608 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97470 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JAN 20 1887, BALTIMORE, MD.

Date of Death, January 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Mellvain

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 1516 Presstman St

Cause of Death, First (Primary), Ovarian Tumor with Dropsy

Second (Immediate), Asthenia

Duration of Last Sickness, I do not Know: She was seen by me only a short time before Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 21st 1887

Undertaker, Henry W. Means

Place of Business, ~~No 413~~ E. Fayette St *Address,* 215 N Lanvale

A. G. Chew M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 97471

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cadden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 60 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer employed by B & O R. R. Co

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Killed at Cor Towson & Andrew St by being run over by Regulating Engine 438 B & O R. R.

Cause of Death, First (Primary), Injuries received by being run over by Engine

Second (Immediate), Shock.

Duration of Last Sickness, About 10 Minutes -

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 21st 87

Undertaker, Daniel Flynn

Place of Business, 42. E. West St. *Address,* 170 Dr. Hill Ave.

Jury rendered a verdict of accidental death

Frank J Flannery M. D.

Medical Attendant.

Residence 1528 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97472

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 21 1887

Permit No. 97472 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1515 W. Lanvale St.

Cause of Death, First (Primary), Senility

Second (Immediate), ...

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 22d 1887

Undertaker, Henry L. Means

Place of Business, ~~#~~ 413 E. Fayette St *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9473

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9473 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the communication of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1897 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 19th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} 67 Randall

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 21

Undertaker, B. Hartz

Place of Business, 915 West Ave *Address,* 915 Eastern

Ross Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1474

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97474 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JAN 21 1897
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella B Rush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 228 Bak Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 20

Undertaker, B. Hagle

Place of Business, 113 Hartford Ave *Address,* [illegible]

Howard Cole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97475

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97475 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Ecrement

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, . . . V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 or 7 years

Place of Death, {Give Street and Number.} 410 Hillen near Eutaw

Cause of Death, First (Primary), Insufficiency & Stenosis Valvo Mitralis

Second (Immediate), Cardiac failure

Duration of Last Sickness, Four (4) years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 22nd of Jan

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St.

J. W. Flohrer M. D.
Medical Attendant

Address, 69 Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97476 *Office of Registrar of Vital Statistics.* Ward 11 CC

HEALTH DEPARTMENT JAN 21 1897 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan: 20th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ann Carroll

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 97 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, House servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 75 Centre St.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 22nd

Undertaker, Morgan & Pye

Place of Business, 102 Mulberry St

H Hartwell M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 97477

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97477 *Office of Registrar of Vital Statistics* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1887

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 216 Aisquith St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan 23rd 87

Undertaker, John A. Schutz

Place of Business, 26 Aisquith *Address,* 1111 E. Monument

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

THE SUN.

BALTIMORE, THURSDAY, JAN. 20, 1887.

Fatal Result.—Cimato Francesan, aged 17 years, a sailor on the Italian bark Cinque, Capt. Sussone, lying at Locust Point, who fell from one of the yard-arms to the deck below, fatally injuring himself, last Saturday, died yesterday at the Maryland University Hospital. Drs. Martin and Nott held a post-mortem and found his spleen broken, producing hemorrhage, which caused his death. He also had a broken leg and other injuries.

HEALTH DEPARTMENT Statistics JAN 21 1887 BALTIMORE, MD.

Permit No. 97478 Ward 13

The Physician who attended the deceased is requested to give notice of the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person *hours* after the death of said deceased, or sooner, if requested so to do, under penalty of [illegible] PROPER CERTIFICATE.

No Perm

H

CERTIFICATE OF DEATH.

Date of Death, Jan 19th '87 (Cimato)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francesco Cimato

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 10 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy — Four days

Duration of Residence in the City of Baltimore, Four days'

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Comp. fracture tibia — rupture of Spleen

Second (Immediate), Internal hemorrhage

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Jan 20 87

Undertaker, Geo. E. Brown

Place of Business, 1012 N. Stricker

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97479

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97479 *Office of Registrar of Vital Statistics* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1897 BALTIMORE MD.

73

CERTIFICATE OF DEATH.

Date of Death, Jany. 19th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Bridget Mulkern

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 407 Eastern Ave.

Cause of Death, First (Primary), Consumption

Second (Immediate), of Lungs

Duration of Last Sickness,

All the above information shall be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 22. 97

Undertaker, M. Delaney

Place of Business, [illegible] *Address,* S. W. Calvert & Lee

John D. Mannon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1480

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 24480 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sproal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1344 Boyd man St

Cause of Death, First (Primary), Pseudo Membranous

Second (Immediate),

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 22-87

Undertaker, Wm Weaver

Place of Business, 202 Central Address,

H J Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97481

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan-20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie S. Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 1321 N. Eden Street

Cause of Death, First (Primary,) Brights Disease of Kidneys

Second (Immediate,) Uremic Poisoning

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 22nd 1887

A. G. Watson M. D.
Medical Attendant.

Undertaker, John Lutz

Place of Business, 1516 Balto St *Address* 1301 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

No. 9 7 4 8 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97482 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

BALTIMORE MD. JAN 21 1887

Date of Death, January 20. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Alexander Dodd.

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 830 Stirling Street.

Cause of Death, First (Primary), Scrofula

Second (Immediate), Exhaustion

Duration of Last Sickness, indirectly for over 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. Cemetery

Date of Burial, Jan 24th 1887

Undertaker, Saml W Chase

Place of Business, 641 S Howard St

J E Heard M. D.
Medical Attendant.

Address, 1616 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

9 7 4 8 3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 4 8 3 *Office of Registrar of Vital Statistics.* **Ward** 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S OFFICE JAN 21 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, January 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Mathews.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 65 *Years,* — *Months.* — *Days*

Color, Coloured

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 9 Hagers Court.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, about one week.

All the above Information should be furnished by the Physician.

Place of Burial, East. Pub Cemetery John H. Cowen

Date of Burial, Jan 21st 1887 *M. D.*

Undertaker, Geo. Rinehart Medical Attendant.

Place of Business, Health Office *Address,* 1224 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Law of each week No. 9/484

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/484 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm I. Hallow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 23 W. Hamilla St

Cause of Death, First (Primary),

Second (Immediate), Ph thisis Pulmonalis cahexia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, Jan 22nd/87

Undertaker, C.F. Kronenfon

Place of Business, 2099 Canton *Address,* 511 Hanover St

J.C. Bauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct reoord of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4508 Transit

of each week.

No. 97485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97485 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, Jan 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt, son of Mary Rogers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* —— *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} Dwelling 277 ½ Ann St

Cause of Death, First (Primary), Double Hip Disease with Abscess

Second (Immediate), General Prostration

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co Chas Station

Date of Burial, Jan 22 87

Undertaker, Wm S Fry

Place of Business, 221 ½ Broadway Address, 1102 E Baltimore St

A Hoffheimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4509 Laurel

No. 9 7 2 8 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 4 8 6 *Office of Registrar of Vital Statistics.* **Ward** 6"

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

D

Date of Death, Jan 20. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Chew & Chester Sts

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 22/87

Undertaker, Chas S Fry

Place of Business, 221 N Broadway

G. G. Rink M. D.
Medical Attendant.

Address, 1000 E. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Book 97487

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7757 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 7 W Lee St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 22/87

Undertaker, Wm J Dickner

Place of Business, 221 S. Eutaw St. *Address,* 178 Hanover

Howard Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...y of each week. ...a Back of this Certificate

...pany

Board of Health, City of Balti...

Permit No. 97488 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH. B

Date of Death, Jan 20th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Danby Senr.

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laundress

Birthplace. {State or country, and how long in the United States, if of foreign birth} Calvert Co. Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death. {Give street and Number.} # 18 L Alley ...

Cause of Death First (Primary), Valvular disease of Heart

Second (Immediate), Exhaustion

Duration of Last Sickness. 4/ Month

All the above information should be furnished by the Physician.

Place of Burial Laws Cemetery

Date of Burial, Jan 21 1887

Undertaker H Bond

Place of Business, 75 E Monroe St

Geo. H. Rawn M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 97489

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97489 *Office of Registrar of Vital Statistics.* Ward 16

REGISTERED JAN 21 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 20/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~78~~ 78 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} S

Occupation, (Formerly) Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 100 S. Pacas

Cause of Death, First (Primary), Old Age

Second (Immediate), Apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 22d 1887

Undertaker, John F. Thacher

Place of Business, 150 Camden St

Jno D. Blake M. D.
Medical Attendant.

Address, 155 E Pacas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 97490

Health Department, City of Baltimore.

Permit No. 97490 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 21 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dwyer

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 Years, 7 Months, 5 Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ellmira N. Y.

Duration of Residence in the City of Baltimore, 2 3 Yrs.

Place of Death, {Give Street and Number.} # 19 Wash. Av.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), 3 mo.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Jan 23d 1887

Undertaker, L. B. Cook

Place of Business, Balt & Ohio Av.

R. Chuck M. D.
Medical Attendant.

16 Columbus Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

issued Saturday of each week.

No. 97491

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97491 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 21 1897

CERTIFICATE OF DEATH.

Date of Death, January 21st 1897.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jacobi.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Province of Hanover. Germany.

Duration of Residence in the City of Baltimore, 41 Years.

Place of Death, {Give Street and Number.} 29 N. Poppleton St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 23

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

R. J. H. Tall M. D.
Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97492

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97492 *Office of Registrar of Vital Statistics.* 8 2

The Physi[illegible]ded [illegible]on in a last illness, is responsible to the Undertaker [illegible]ing the burial, within *twenty-four* [illegible]ely filled out, [illegible], or sooner if requested so to do, under penalty of law.

JAN 22 1887

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. T. Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 100 N. Chas St

Cause of Death, {First (Primary), Latent Malarial

Second (Immediate), About 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Jan 24th 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

H. Hunt M. D.
Medical Attendant.

Address, 9 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 97493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 97493 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Kann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 19 N. Broadway.

Cause of Death, First (Primary), Tonsilitis

Second (Immediate),

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Ground Blair Road

Date of Burial, January 23rd 1887

Undertaker Danl A Mitchell

Place of Business 268 S Broadway

James E. Neville M. D.
Medical Attendant.

Address, 1176 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...each week. No. 97494

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97494 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 21 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Bamberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 344 (old) Little Alice - Anna

Cause of Death, First (Primary), Tabes Mesenterica

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 23d 1887

Frank C. Bruchy M. D.
Medical Attendant.

Undertaker, H. C. Sauder & Son

Place of Business, 1708 & 1710 Canton Ave Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permits to the Office ... day of each week. No. 97195

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97495 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin Harbick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 yrs.

Place of Death, {Give Street and Number.} 179 S Ann St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan 23-d

Undertaker, Wm Nicolaus

Place of Business, 219 Aliceanna

R W Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Office whence issued, Saturday of each week. No. 97496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1887

CERTIFICATE OF DEATH.

Date of Death, January 20th. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Watmough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paymaster U. S. Navy — Retired —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Georgetown D.C.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 130 W. Townsend St.

Cause of Death, First (Primary,) Thoracic Aneurism —

Second (Immediate,) Acute Albuminuria. Rupture of Aneurismal Sac

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany. 23/1887

Samuel Johnston M.D.
Medical Attendant.

Undertaker, H. & R. Jenkins Sons

Place of Business, 24 Saratoga St.

Address 204 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ths for Burials. ...ce whence issued Saturday of each week. 97497

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97497 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Service work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} Wilmer Alley # 1533

Cause of Death, First (Primary), ...

Second (Immediate), Consumption of the Lungs

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, June 21/87

Undertaker, Geo. E. Brown

Place of Business, 1012 N. Fremont *Address,* ...

L. G. Spamer M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97498 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 21. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Cornish

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 5 *Months,* — *Days*

Color, Colored.

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.} ~

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, For about 40 yrs.

Place of Death, {Give Street and Number.} 13 Hamilton St. (old Number.)

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Cerebral Hamorrhage.

Duration of Last Sickness, About Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1887

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Edward E. Mackenzie M. D.
Medical Attendant.

Address, 206 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

...City of Baltimore will make returns of all ...ch week.

No. 97499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97499 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CITY DEPARTMENT JAN 22 1887

CERTIFICATE OF DEATH.

Date of Death, January 21 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Long

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} Church Home, Lafayette & Broadway

Cause of Death, First (Primary), Marasmus

Second (Immediate), Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Ground

Date of Burial, Jany 24th 1887

Undertaker, Stewart & Mowrer

Place of Business, 354 Park Ave *Address,* Church Home

H. Gann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

97 5 8

Nursing

No. 97501

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97501 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tina Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Thos [illegible] Md

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Inst. Little Sisters

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial,

Undertaker, Mrs Boadcamp

Place of Business,

Jno Buxton Blake M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97502 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 20/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Travers

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 2 yrs 8 mos

Place of Death, {Give Street and Number.} 119 Wilcox alley

Cause of Death, First (Primary), Pertussis

Second (Immediate), Capillary Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 22nd 1887

Undertaker, Geo Watkins

Place of Business, 221 Hamburg St *Address,* 635 Hanover St

W. S. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9503 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 " 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sinclair

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Master of vessel

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England Scotland

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Abscess of liver

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Jany 24" 1887

Undertaker, Kenny & Mitchell

Place of Business, 550 W Fayette

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9750[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9750[illegible] *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M. Cline

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1440 - Mount st -

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Summit Grove Cem

Date of Burial, Jan 23d - 1887

Undertaker, J E Houghton

Place of Business, 1408 Penna Ave *Address,*

J J Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1510 Fawcett -

No. 97505

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97505 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Klier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

~~Color~~,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Factory wh[illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 207 Pantator St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Union Cem.

Date of Burial, January 23 1886

Undertaker, John P Sanders

Place of Business, 66 Fund Ave

C. C. McDowell M. D.
Medical Attendant.

Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97506

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97506 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S CERTIFICATE.

HEALTH DEPARTMENT APR 22 1897 CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Jany. 20 — 97.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mona McCauley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 29 Low St.

Cause of Death, First (Primary),

Second (Immediate), Shock, from being run over by a accidentally Highlandtown car on Eastern

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, —

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9750

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9750 *Office of Registrar of Vital Statistics.* **Ward** 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JAN 22 1887 FILED

CERTIFICATE OF DEATH.

Date of Death, January 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Tibman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #217. S. Spring St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23d. 1887.

Undertaker, W. W. Headen

Place of Business, East St

James H. Mines M. D.

~~Medical Attendant.~~

Address, Cross St. & R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John McDr Gorz Inspector

No. 7508

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97508 *Office of Registrar of Vital Statistics.* Ward 3 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st A. D. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Duff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 Years, ... Months, ... Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Bookseller & Stationer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 119 N. Broadway

Cause of Death, First (Primary), Diabetes Mellitus

Second (Immediate), Marasmus

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Janry 24. 1887

Undertaker, M. A. Darger Atty.

Place of Business, 229 S. Broadway

J. L. Dausch M. D.
Medical Attendant.

Address, 172 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 17509

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17509 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give Street and Number.} No. 269 Bank St.

Cause of Death, First (Primary), Dropsy

Second (Immediate), Hemorrhagia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 23rd 1887

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Eastern Ave

W. Lewis, M. D.
Medical Attendant.

Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97510 *Office of Registrar of Vital Statistics* Ward 12

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Selden McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor. Eutaw & McCulloh

Cause of Death, First (Primary), Naso-Pharyngeal Catarrh

Second (Immediate), Acute Laryngitis

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 23th 1887

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw St *Address,* 1213 Eutaw Place

Thos S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 9751 *Office of Registrar of Vital Statistics* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 22 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jan 21st. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Luke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1840 N Caroline St

Cause of Death, First (Primary), Valvular Heart disease

Second (Immediate),

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24th

Undertaker Eco Schilling

Place of Business, 7th and Eyrau

Jno E Donnelly M. D.
Medical Attendant.

Address, 1920 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 1751

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 5th

Permit No. 1751/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 Years, 7 Months, 1 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Farmer Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore, 1408 N. Eden pl

Place of Death, {Give Street and Number.} Residence

Cause of Death, First (Primary), Typhoid

Second (Immediate), Unknown - Have attended him two weeks

Duration of Last Sickness, 2 weeks M. D.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24th

Undertaker, Geo Schilling

Place of Business, 13 S. Eden St. Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 7705

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27513 *Office of Registrar of Vital Statistics* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 22 1887
BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Ritter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Ophthalmic Goitre

Second (Immediate), Paralysis

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Redeemer Cemetery~~

Date of Burial, Jan 22nd 1887

Undertaker, W R Amos

Place of Business,

Asa J. Cosby M. D.
Medical Attendant.

Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9754 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hector Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 41 Wesley St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, January 23

Undertaker, R. Hart

Place of Business, 115 West St *Address,*

Howard Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9757

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

2
2

Permit No. 9757 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, January 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rosenthal

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Six years

Place of Death, {Give Street and Number.} 521 S. Wolfe st.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan. 23rd 87

Undertaker, G. Frances

Place of Business, Frank & Wolfe's *Address,* 700 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97516 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1897 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Janu 22nd 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliz. Lutman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (49 yrs in A.

Duration of Residence in the City of Baltimore, 49 yrs.

Place of Death, {Give Street and Number.} City Hospitals

Cause of Death, First (Primary), old age

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 24th 97

Undertaker, G Franz

Place of Business, Dant & Wolff *Address,* 624 N. Calvert St

Oscar J. Lofton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9757 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 22 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jany 22" 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Burns

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 yrs —

Place of Death, {Give Street and Number.} 444 S. Stricker St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Monday Jan. 24

Undertaker, John J. Gannon

Place of Business, 89 Hollins st.

W. F. Phillips M. D.
Medical Attendant.

Address, 735 N Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9718

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9718 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Glen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 92 N. Eden st. (ew. number)

Cause of Death, First (Primary), Epistaxis

Second (Immediate), Accidental Suffocation.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd st. Cemetery, Belair Road

Date of Burial, Jan 24 1887

Undertaker, W. J. Sandheim.

Place of Business, 92 N. Greene st. *Address,* 20 E. Lanvale

Edward P. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7759 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Maha

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 1110 ~~Wood~~ Cookson st

Cause of Death, First (Primary), Stricture Esophagus

Second (Immediate), marasmus

Duration of Last Sickness, 20 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 24th 87

Undertaker, Daniel Glynn

Place of Business, 42 E. West St

P. J. Daugh M. D.
Medical Attendant.

Address, 1727 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9752 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 108 Hollins alley

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Jan 23 1887

Undertaker, William N Dunge

Place of Business, 150 East St

L. D. Moore M. D.
Medical Attendant.

Address, 1209 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9752 1 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 57 (alley no) Vincent alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 23 1887

Undertaker, Wm. Lucas & Dugee

Place of Business, 150 East St

N. Wright M. D.
Medical Attendant.

Address, 220 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9522 — *Office of Registrar of Vital Statistics.* 600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Eenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ind *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 519 Duncan Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exaustion

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Jany 23 1887

Undertaker, William A Dugee

Place of Business, 150 East St

G W Barkman M.D.,
Medical Attendant.

Address, 1918 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7752

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7752 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Fitzpatrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give Street and Number.} 30 N. Front St.

Cause of Death, First (Primary),

Second (Immediate), Gangrene of Lower Extremities

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 24th 1887

Undertaker, Henry L. Mears

Place of Business, #413 E. Fayette St *Address,* 1005 Balto St

J. W. Hook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Requested to the Reverse of this Certificate.

Health Department, City of Baltimore.

Permit No. 7524 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Novakowski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} # 902 S. Wolfe St.

Cause of Death, First (Primary),

Second (Immediate), Intestinal Cramps

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem'y.

Date of Burial, January 25th 87

Undertaker, Felix Bros Boarts

Place of Business, 28 & 26 Conn St. *Address,* 1709 Aliceanna St

Dr. H. Ichberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9752 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 25 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Susan Dawson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Old No 6 Willow St.

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 24th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Fremont Ave *Address,*

Jno. Burke Bon C M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9752 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hagerman

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, wht

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} Old — 83 Mulberry St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Entiritis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, January 25th 1887.

Undertaker, Chas. F. Fahrney

Place of Business, 126 W. Pratt St. *Address,* 419 W. Saratoga St.

James A. Fechtig M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7752 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

Date of Death, Jan 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Annie~~ Charles Gilbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 wks *~~Days.~~*

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 766 Dover St.

Cause of Death, First (Primary), Was accidentally overlaid by mother.

Second (Immediate), Asphyxia.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, January 23

Undertaker, Merchant & Co's

Place of Business, Monument St

D. J. Flannery M. D.

~~Medical Attendant~~ Coroner

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9528 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kunetz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, C *Years,* 1 *Month,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 118 Fort ave

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 23 Jany 1887

Undertaker, Bernard Walsh

Place of Business, 113 West Pratt

Robert S. Lowe M. D.
Medical Attendant.

Address, 1012 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

Health Department, City of Baltimore.

Permit No. 9529 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JAN 22 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A Hitte

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 73 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 908 Burgundy St

Cause of Death, First (Primary), Old age & Dyspepsia

Second (Immediate), Exanition

Duration of Last Sickness, 2 Months & 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Janry 25 1887

Undertaker, Burnes Hart

Place of Business, 115 West St

J. T. Riley M. D.
Medical Attendant.

Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 97530 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1887 BOARD OF HEALTH BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Clotworthy

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, {Give street and Number.} 76 N Howard St

Cause of Death, First (Primary),

Second (Immediate). Old age

Duration of Last Sickness, Several months

All the above into matters should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 25th 1887 F. J. Miles M. D.

Medical Attendant.

Undertaker Stewart & Mowen

Place of Business, 35 Park Av *Address,* 574 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97531 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Brightenman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 66 Years

Place of Death, {Give Street and Number.} 275 Mulberry

Cause of Death, First (Primary), Mulonal Rheumatic Trouble

Second (Immediate), Heart Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cy

Date of Burial, Jany 25 1887

Undertaker, Stewart Mowan

Place of Business, 38 Park Avenue, Address, 117 W Fayette St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 99532 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 21 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Irelandt

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give Street and Number.} 125 Hughes st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 24th 87

Undertaker C. F. Krauss & Son

Place of Business, 209 E Lanvale *Address,* 106 Bank

E. J. M. McCabe M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 97533 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. B. Jordan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... one *Months.* 2 weeks. ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, {Give Street and Number.} #75 Woodyear st.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, Jany 24th 1887

Undertaker, J. H. Young & Co

Place of Business, 1408 Penna Ave

W. Rickert M. D.
Medical Attendant.

Address, Penna Ave & Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 9753 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, June 22nd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Spear Nicholas.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond. Va

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give Street and Number.} 207 Franklin St

Cause of Death, First (Primary), Old Age —

Second (Immediate), Asthenia.

Duration of Last Sickness, Several Months —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24th 87

Undertaker, Hollenbeck Howe

Place of Business, Park & Saratoga *Address,*

Henry P. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 97535 *Office of Registrar of Vital Statistics.* Ward 3d

HEALTH DEPARTMENT BALTIMORE MD JAN 24 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Askins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Harford Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 1618 E. Pratt

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24th 1887

Undertaker, Fred. Gaede

Place of Business, 108 S. Caroline *Address,* 171 N Calvert

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 7536

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 23, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Farrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 22 Months, Days

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 437 Lombard St

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate),

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 24 1887

Undertaker, Marg. Apple

Place of Business, 109 Saratoga St

Address, 83 N Eutaw

Edw. Jansen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 9537

Office of Registrar of Vital Statistics. Ward 18

HEALTH DEPARTMENT
JAN 24 1884
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Evatt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* 11 *Months,* 27 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give Street and Number.} 914 Russell St

Cause of Death, First (Primary), Old age

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, January 24

Undertaker, Wm J. Fickner & Sons Co

Place of Business, 221 S. Eutaw *Address,* 1189 Eutaw St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th...

Health Department, City of Baltimore.

Permit No. 17538 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virgil Nicholl Nicoll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2530 Lancaster St

Cause of Death, First (Primary), Epilepsy Convulsions

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 24th 87

Undertaker, G. O. Kane

Place of Business, Jones & Wolfe Co *Address,* 2826 Elmora Av.

E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE MD.

Permit No. 9753 *Office of Registrar of ~~Vital Statistics~~.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 22. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Herberick

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 77 *Years,* — *Months,* — *Days* ✓

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} (Bavaria) Germany.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} 1908. Caxton Ave.

Cause of Death, First (Primary), Old age. Debility. Nephritis.

Second (Immediate), Asthenia

Duration of Last Sickness, About 2 week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 24th 87

Undertaker, G. Franc

Place of Business, Gants & Wolfe Add *Address,* 233 E. Ann St.

A. V. Gosmiller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on bac

Health Department, City of Baltimore.

Permit No. 9754 Office of Registrar of Vital Statistics. Ward 11

HEALTH DEPARTMENT
JAN 24 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartholomew Tangney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ice driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Gough St

Cause of Death, First (Primary), Phthisis Pneumonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 24th 1887

Undertaker, Chas F Scriven

Place of Business, 911 N Eutaw St

Geo E Reynolds M. D.
Medical Attendant.

Address, 171 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Bac

Health Department, City of Baltimore.

Permit No. 973241 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 23. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen L. Rush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 113 N. Fremont

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 24th 1887

Undertaker, H. Lewis Schaefer

C. W. Nefft *M. D.*
Medical Attendant.

Place of Business, 316 N Fremont *Address,* 763 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ba

Health Department, City of Baltimore.

Permit No. 97542 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 23 / 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vintner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 524 Chapel

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, Jany 24 / 87.

Undertaker, Frank. Brady

Place of Business, 827 N. Durham St. 299. *Address,*

D. H. Callen M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 97543 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon thereafter if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS
JAN 24 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Gibbs

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} .....

Age, ~~1 y~~ 1 *Years,* 0 *Months,* 2 *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, Baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore, 1 y 2 d

Place of Death, {Give street and Number.} 202 Sterling St

Cause of Death,
First, (Primary,) Bronchitis
Second, (Immediate,) .....

Duration of Last Sickness, 3 — 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24

Undertaker, Henry Hooks

Place of Business, 319 Central Ave

Bruce St. Free Dispensary

Walter B Tate M. D.
Medical Attendant.

Address, 259 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore

Permit No. 97374 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Conner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years.* — *Months.* 23 *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Adult

Place of Death, {Give Street and Number.} Rear 224 N Poppleton St

Cause of Death, First (Primary), } Paralysis - Total
Second (Immediate), }

Duration of Last Sickness, 2 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 25th 87

Undertaker, E. C. Cook

Place of Business, 1003 W. Balto

W. F. Kemp M. D.
Medical Attendant.

Address, 305 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 97345 — *Office of Registrar of Vital Statistics.* — Ward 18

HEALTH DEPARTMENT JAN 24 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Harrison Croner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 25th 1887

Undertaker, John S. Mosher

Place of Business, 150 Lemmon St *Address,* 25 Columbia Ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 97546

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 22nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} 617 N. Dallas St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 24/87.

Undertaker, W. W. Madden

Place of Business, 76 East St

Edwin B. Fenby M. D.

Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 9757 *Office of Registrar of Vital Statistics.* Ward 9 CI

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Jany. 22 — 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lemmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, Cooking

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 209 E. Fayette St.

Cause of Death, First (Primary), Valvular (Mitral) Disease of Heart

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25 /887

Undertaker, W W Madden

Place of Business, 46 East St

Alexander Hill, *M. D.*
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 9732 18 *Office of Registrar of Vital Statistics.* Ward 25 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A. Gehman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} 902 Aisquith St.

Cause of Death, First (Primary),

Second (Immediate), Heart disease.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 25th

Undertaker, Geo Schilling

Place of Business, Ashland Depot Address, 1005 E Baltimore St

J. W. Hack, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97549 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizabetta Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give Street and Number.} 31 East St.

Cause of Death, First (Primary), Bronchio Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 24th 97

Undertaker, A. J. Dempsey

Place of Business, 1 East St. *Address,* Laurel Md

J. H. Grinnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 97537 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 23. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 6 *Months,* — *Days*

Color, W.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 9 N. Wolfe St

Cause of Death, First (Primary), Gastritis Chronic,

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Jany 25. 1897

Undertaker, M. Clark & Son

Place of Business, 92 Can

M. D.
Medical Attendant.

Address, 946 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9755[illegible] *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. A

Date of Death, Jan 23 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Reid Reed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Undertaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 10 Hamburg alley

Cause of Death, First (Primary), Asthma

Second (Immediate), Dilatation of Heart

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 25 1887

Undertaker, S W Chase

Place of Business, 198 Howard st

C Hackstaff M. D.
~~Medical Attendant~~

Address, 483 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Cert.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 27551 *Office of Registrar of Vital Statistics.* Ward 2 d.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Reed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ~~Months,~~ ~~Days.~~

Color, Col'd

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 10 Hammond Alley

Cause of Death, First (Primary), ...

Second (Immediate), 1 Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Jan 25th 1887

Undertaker, S. W. Chase

Place of Business, S. Howard St. *Address,* Cem'y Rd

James H Henry M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. Dr Grey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

Health Department, City of Baltimore.

Permit No. 9753 2 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H. D. DEPARTMENT JAN 24 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sophia Brand

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 65-117 Marsh Market Space

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, Jan 25

Undertaker, W Dysel

Place of Business, 154 W Bond *Address,* # 305 N Caroline St.

Geo. A. Northman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 97553 20

The Physician [illegible] person in a last illness, is respo[illegible]sentation [illegible] certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 24 1887

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Buck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 3 *Months,* *Days,*

Color, White

Married, ~~Single~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 921 Elm Place

Cause of Death, First, (Primary,) Carcinoma

Second, (Immediate,) Exhumation

Duration of Last Sickness, tumor appeared about 2 years ago

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24th 1887

Undertaker M Cadogan

Place of Business, 227 Mulberry *Address,* 716 N. Charles St

W. T. Wade M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97534 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 24 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude M. Stone.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 5 E. Ford Ave.

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, January 25

Undertaker, B. Hall

Place of Business, 615 W. Balto St. *Address,* 152 Sharp St.

R. J. N. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17533 *Office of Registrar of Vital Statistics* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (not named) Rose Riddick,

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30 *Days.*

Color, Colored,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 153 Chestnut St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24th

Undertaker, C. S. Butler

Place of Business, 5/0 N. Caroline

E. D. Chaunbers M. D.
Medical Attendant.

Address, 133 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the requirements below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 97536 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 24 1887
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sunday Jan. 23rd. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Specht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1301 Aisquith St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Laudenberg Cem.

Date of Burial, Jan 26 1887

Undertaker, J. Funk & Son

Place of Business, 915 E. Gay St. *Address,* Chas St. & Forest Place

Wilmer Bristow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9755 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rauh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 309 S. Wood St

Cause of Death, First (Primary), Eclampsia

Second (Immediate), - - - - -

Duration of Last Sickness, Hours (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 24th 87

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 1 E. Baltimore St.

S. T. Stover M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 17538 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 24 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Conner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 424 Patterson Park avenue

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jan. 26th 87

Undertaker, [illegible]

Place of Business, 1735 Aliceanna

Nicholas R. Dashiell, M. D.
Medical Attendant.

Address, 700 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 27539 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1887

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} ~~Asylum~~ St. Vincent's Asylum

Cause of Death, First (Primary), Ileo-Colitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Jan. 24. 1887

Undertaker, John Mardiscan

Place of Business, Division St. *Address.* Harlem Av. & Calhoun.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97560 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

54

CERTIFICATE OF DEATH.

Date of Death, Jan. 23/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 60 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Jan. 24. 1887

R. H. Goldsmith, M. D.
Medical Attendant.

Undertaker, John Masterson

Place of Business, Division St. *Address,* Hanover & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9756 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Shurtz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, W,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 - Years

Place of Death, {Give Street and Number.} 1312 N. Fremont St -

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 wk 1 week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, January 26

Undertaker, Walter Immel

Place of Business, 594 W. Fielder Address, Corner of Carey & Pressman

H Dawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97562 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 24 1887

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 118 E. Amerland Ave

Cause of Death, First (Primary), Cirhosis of Liver

Second (Immediate), Albumenuria

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 25th /87

Undertaker, C. F. Krause & Son

Place of Business, 209 Hanover Address, 511 Hanover st

I. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 97363 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT JAN 24 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry D Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* & one *Months,* 0 *Days.*

Color, Light Copper

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give Street and Number.} No 707 Wagesche st

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 25th 87

Undertaker, Wm L Gray

Place of Business, 65 Mulberry St. *Address,* cor of Mulberry & Greene

Benj F Bohrer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 97364 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 87 (24th.)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Adams.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 1

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give Street and Number.} 13 Hill St.

Cause of Death, First (Primary), Old age.

Second (Immediate), Senile Gangrene.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Jan 26-87

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

C. L. Booze, M. D.
Medical Attendant.

Address, 617 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred C. Price

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 524 Union St.

Cause of Death { First, (Primary,) Hypertrophy & Valvular disease of heart
Second, (Immediate,) Dropsy & Bronchitis

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 25th 1887

Geo. L. Brewer *M. D.*
Medical Attendant.

Undertaker, W. A. Bishop Jr.

Place of Business, 97 Druid Hill Av *Address,* 712 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 97566 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brother Norbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 10 106 Bank St

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae

Date of Burial, Jan 25th 1887

Undertaker, J. & J. Mackert

Place of Business, 150 Canton *Address,* 111 S. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 23d 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Seymour Seymour

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, about 13 years.

Place of Death, {Give Street and Number.} No 817 Shuter st.

Cause of Death, First (Primary), acute Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25 1887

Undertaker, W. H. Symons

Place of Business, 150 east St

Thos J Symons M. D.
Medical Attendant.

Address, 804 S. Bway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9756 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Banks.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 19 *Months,* / *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, all her Life.

Place of Death, {Give Street and Number.} 1111 Carey St.

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Not Seen by (in Office) Had not

Duration of Last Sickness, Not Seen Since, Pt Has been sick for 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 25th 1887

Undertaker, William St Dungee

Place of Business, 150 East St

Address, 662 W Lexington St.

Thos. S. A. Wood. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9756 9 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Johns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Chambermaid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 402 Bluxton alley

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 25 1887

Undertaker, D W Chase

Place of Business, 198 Howard St

C. L. Booze M. D.
Medical Attendant.

Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 9750 *Office of Registrar of Vital Statistics.* Ward 3 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louisa Lynch

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 5 *Months,* *Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} New No. 4 S Broadway

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jany 25 87

Undertaker, [illegible]

Place of Business, [illegible]

D W Cathell M. D.
Medical Attendant.

Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9757 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Lawrence

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* — *Days* 1

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} #2100 Baston St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, One Mo

All the above information should be furnished by the Physician.

Place of Burial, W.M. Cemetery

Date of Burial, Jan. 26. 1887

Undertaker, H. Schindel & Son — H. S. Warner M. D. Medical Attendant.

Place of Business, 1710 Canton Ave *Address,* Bank & 2nd Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, a[nd] the cause and date of death.

[ov]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9752 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William K. Hammond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and New No. Number.} 1723 Jefferson St.

Cause of Death, First (Primary), Organic Heart disease caused by Rheumatism

Second (Immediate), Dropsy and general prostration

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Berlin Worcester Co Md

Date of Burial, January 26 '87

Undertaker, M. A. Dawson Atty

Place of Business, 229 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Address, 4 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4512 Town

Health Department, City of Baltimore.

Permit No. 9575

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan: 24th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Donnelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 27 S. Paca St

Cause of Death, First (Primary), Ch: Bronchitis

Second (Immediate),

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 27

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

H Carlin M. D.
Medical Attendant.

Address. 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9757 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence McDonald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 27 S. Paca St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 27

Undertaker, J B Cook

Place of Business, 1003 W Baltimore St

H. Ten Eyck M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9757 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Martha J Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 2133 (1408) Argyle Ave

Cause of Death, First (Primary),

Second (Immediate), Cancer of Stomach

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 26th 1887

Undertaker, Geo B Roth

Place of Business, No 1003 Baltimore *Address,* 718

Thornton Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Pratt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 3 months *Months,* ... *Days.*

Color, Colrd *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} old Mrs Mott 81

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 461 E Balto St old Mrs

Cause of Death, {First (Primary,) Spasm

{Second (Immediate,) did not attend the Child

Duration of Last Sickness, had Spasm yesterday & today

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 25 1887

{*Undertaker,* A Wenderoth

{*Place of Business,* 46 East Pr

Richd Sappington M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 9767 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Taylor

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* 1 *Months,* *Days* V

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 3 yrs, 4 mos

Place of Death, {Give Street and Number.} 206 Rock

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 25th 1887

Undertaker, M Cadogan

Place of Business, 227 Hillsboro St

J H Buchanan M. D.
Medical Attendant.

Address, 901 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97578 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schemme,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 84 Leadenhall St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 26th 1887

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 9779 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 23rd, 1887

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Nichols

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City - 10 Yrs.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death. {Give street and Number.} 1442 Lyon St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial Harper Cemetery

Date of Burial Jan 25th 1887

Undertaker Riley Hennessey

Place of Business 116 Orchard St

J. Bingling M. D.
Medical Attendant.

Address, 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97580 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25

B

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gorman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis. Md.

Duration of Residence in the City of Baltimore, 2 yrs. 6 months

Place of Death, {Give Street and Number.} 1835 Linden Ave.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, More than two years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Jany 25th 1887

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St.

A. E. Chew M. D.
Medical Attendant.

Address, 215 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9758 / *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 25 1

CERTIFICATE OF DEATH. C

Date of Death, January 24th 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Kloch.

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 662 New No. Franklin St.

Cause of Death, First (Primary), Cirrhosis

Second (Immediate), Anasarca

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 26/86

Undertaker, Chas. T. Devine

Place of Business, 911 N. Eutaw

Louis C. Horn M. D.
Medical Attendant.

Address, cor Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 97582 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1887 (Maria Ringgold)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ringold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 976 Druid Hill Avenue

Cause of Death, First (Primary), ...

Second (Immediate), Decay of nature

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25th 1887

Undertaker, W W Chase

Place of Business 198 Howard St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 97583 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 25 ... BALTIMORE

CERTIFICATE OF DEATH.

D

Date of Death, January 25. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1112 N. Central Ave.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, January 26, 1887

Undertaker, Henry Hoerle

Place of Business, 1023 E. Central Ave

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Carlton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 97584 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 25
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 24th Jan 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Bessie Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} Cor Portman & McCulloh

Cause of Death, First (Primary) Asthenia from Excessive gastric

Second (Immediate), irritability with possibly

Duration of Last Sickness, Perforation of the Stomach

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemty Sick 24 hours

Date of Burial, Wednesday 26th

Undertaker, Jos F. Byrne

Place of Business, 59 N Liberty St *Address,* 707 N. Lombard

Chas E. Nicholas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 17585 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 25 1897
BALTIMORE, MD.

4

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Perry

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Sailor~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Since Mo

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, ~~Six Years~~ Mo

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Jany 24th 1897

Undertaker, Geo E Brown

Place of Business, 1012 N. Stricker *Address,* University Hospital

J. T. Nott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 27586 *Office of Registrar of Vital Statistics.* Ward 5-1

HEALTH DEPARTMENT JAN 25 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the delivery on of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas Preston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 362 Aisquith St

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis.

Duration of Last Sickness, 3 months & 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26th

Undertaker, George Schilling

Place of Business, Schilling

John Morris M. D.
Medical Attendant.

Address, No 118 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9738 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Barry

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1052 Hodkins St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 25 1887

Undertaker, D. Flynn

Place of Business, West St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7588 *Office of Registrar of Vital Statistics.* Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 25 1887

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Grape

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 79 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (old) 137 E. Monument St.

Cause of Death, First (Primary), Old Age

Second (Immediate), Asthenia

Duration of Last Sickness, Gradual Decline

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Jan 26 1887.

Undertaker, Wm. H. Hickman. A. T. Reynolds M. D.

Medical Attendant.

Place of Business, 234 N. Gay St. *Address,* 722 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9758 9 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 25 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Walker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, In 71st. *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wash. D. C.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give Street and Number.} 612 Custody St

Cause of Death, First (Primary), Gangrene

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 27th 1887

Undertaker, John S Thacher

Place of Business, 150 Pacca St

J H Carey M. D.
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 97590 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanley Bald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 1531 N. Fulton Ave.

Cause of Death, First (Primary), Congestion of Lungs.

Second (Immediate), " " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26th 1887

Undertaker John J Mercher

Place of Business, 150 Camden St

J H Christian M. D.
Medical Attendant.

Address, 1821 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ial Attention of Physicians is respectfully invited to this...

Health Department, City of Baltimore.

Permit No. 97591 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 16 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 202 Henrietta St

Cause of Death, First (Primary), Dentitio difficilis

Second (Immediate), Convulsiones

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Jan 27th 1887

Undertaker, Julius Koehler

Place of Business, Sharp & Lees *Address,* 170 S. Sharp St

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Rules [illegible]

Health Department, City of Baltimore.

Permit No. 9759 7 — *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Wiskowski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 613 S. Bond St

Cause of Death, First (Primary),

Second (Immediate), Croup (Diphteritic)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, January 26th "

Undertaker, H. Diffel

Place of Business, 751 S. Bond st. *Address,* ~~#~~ 1709 Aliceanna

John A. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of C...

Health Department, City of Baltimore.

Permit No. 97593 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. JAN 26 1897

B

CERTIFICATE OF DEATH.

Date of Death, Jan ~~December~~ 24th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie M. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No. 731 W. Pratt st.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26th 1897

Undertaker, E. Jenkins

Place of Business, 647 W Pratt St. *Address,* Cor. Columbia & Fremont Aves.

Smith H Hirschey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9759 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1887

D

CERTIFICATE OF DEATH.

Date of Death, Jan. 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Dolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County of Roscommon Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 122 Canford Ave

Cause of Death, First (Primary), ——

Second (Immediate), Senile Decay

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 26th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Fremont Ave

Silas W. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 9595 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 25 1897
BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd '97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mothers name – Hattie Julian

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 days *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternity Hospt –

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Maternity 1134 115 W. Lombard St –

Cause of Death, First (Primary), congestion of Lungs –

Second (Immediate),

Duration of Last Sickness, Two days –

All the above information should be furnished by the Physician.

Place of Burial, Reserved

Date of Burial, for autopsy

Undertaker, Purpose –

Place of Business, —

W. O. Spratling M. D.
Medical Attendant.

Address, Maternity Hospt –

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials ... Issued, ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9759 C. *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 25 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dickel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 8 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} 501 Aisquith Street

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Cardiac debility

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28th

Undertaker Geo Schilling

Place of Business, Ashland Square

Marbury Brown M. D.
Medical Attendant.

Address, 1181 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 9797 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED JAN 26 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

B

Date of Death, Jan 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tobias Peters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 214 Lee st

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Gorsuch Town B. Ground

Date of Burial, Jan 26th 1887

Undertaker, Saml W Chase

Place of Business, 64 S. Howard St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97598 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 26 1887

CERTIFICATE OF DEATH.

B

Date of Death, January 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Smith Bollman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, — None —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Old No. 357 Madison Avenue

Cause of Death, First (Primary), Phthisis Laryngea

Second (Immediate), " " "

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 27th 1887

Undertaker, Stewart & Mowrin

Place of Business, 35 Park & Cor Mt Royal & Boundary Ave

Jno. Lloyd Mackenzie M. D.

Medical Attendant.

Address, 38. Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 9759 *Office of Registrar of Vital Statistics.* Ward 7 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. D. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. S. Co. Md

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} New No 804 N. Spring St.

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 months & 17 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 27th 87

Undertaker, Chas. S. Butler

Place of Business, 510 N Carolina St.

Wm F. A. Grayson M. D.
Medical Attendant.

Address, 316 N Bricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 17600 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret C Schoolfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 603 Fulton Avenue

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " " " "

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, 29 Jan 1887

Undertaker, Jas O Byrne

Place of Business, 802 N Gay

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 609 No. 3E. Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 97601

Office of Registrar of Vital Statistics.

JAN 26 1887

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 25th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Leatin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62. *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 44 Years in U States

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 638 Lee St

Cause of Death, First (Primary), Pulmonary consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 27th 87

Undertaker, H. Krauss & Son

Place of Business, 203 Hanover *Address,* 76 S Paca St

J H Harvey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, if the same can be ascertained, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97602 *Office of Registrar of Vital Statistics.* Ward 19th

JAN 26 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cluget

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} 1417 Cairo St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 26/87

Undertaker, Thos A Downes

Place of Business,

Thos A Means M. D.

~~Medical Attendant.~~

Address, Eutaw & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. B. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 97603 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, Jany 25/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Sohn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 46 Bank St.

Cause of Death, First (Primary), Gastro-intestinal Catarrh

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, June 28 1887

Undertaker, John Herrera

Place of Business, 882 Orleans [illegible] 850 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 97604 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JAN 26 1887

C

CERTIFICATE OF DEATH.

Date of Death, January 25/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Garland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} Old No. 60 Johnson St.

Cause of Death, First (Primary), Paralysis (Total)

Second (Immediate), (Effusion).

Duration of Last Sickness, Year or more

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, January 27

Undertaker, B Flack

Place of Business, 115 West St

J W Smith M. D.
Medical Attendant.

Address, 609 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 97605 — *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT JAN 26 1887

CERTIFICATE OF DEATH. D

Date of Death, January 25th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of John and Mary Richardson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 Minutes ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 11 Barnet St

Cause of Death, First (Primary), Premature Development & Prolapsus

Second (Immediate), Birth. Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Jan 26th 1887

Undertaker, E. Schlosnahs

Place of Business, S. Sharp St *Address.* Court & Pratt

James H Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sec by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

L. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 97606 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT JAN 26 1887

C

CERTIFICATE OF DEATH.

Date of Death, Jany 25 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give Street and Number.} 567 Pressbman St

Cause of Death, {First (Primary), Tuberculosis

Second (Immediate), Hemorrhage of lungs.

Duration of Last Sickness, all life.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 27th 1887

Undertaker, Andrew Rohde

Place of Business, 730 Lemmon ave

A C Pole M. D.

Medical Attendant.

Address, 2102 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9760 7

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 28 1887

BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, January 26, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Albertie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 532 S. Fulton Ave

Cause of Death, First (Primary), Heart Disease (Congenital)

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 27 1887

Undertaker, John S Poulton

Place of Business, 2009 Gilmor *Address,*

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ic Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 97608 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 28 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Henson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 80 W. Dallas St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel county

Date of Burial, Jan 26th 1887

Undertaker, William A. Dangel

Place of Business, 150 east St

C Glynn M. D.
Medical Attendant.

Address, 197 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Li

Health Department, City of Baltimore.

Permit No. 97609 *Office of Registrar of Vital Statistics.* Ward 13 + 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 26 Jan. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jack Frizelle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 5 *Months,* 29 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co., Md

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give Street and Number.} 222 N. Poppleton

Cause of Death, First (Primary), Degeneration of Liver

Second (Immediate), Dropsy

Duration of Last Sickness, Two & Three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan. 28/86.

Undertaker, J. B. Cost

Place of Business, 1003 W. Balto St.

John Howard, M. D.
Medical Attendant.

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 97610 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT JAN 26 1887

a

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Violet Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} New No 120 Chestnut St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1887

Undertaker, William A. Bunch

Place of Business, 150 East St.

Wm A. A. Hanson M. D.
Medical Attendant.

Address, New No 316 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 9761 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Addison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not requtred in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 200 Eutaw St.

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Jan 26 1887

Undertaker, Heuisler & Sons

Place of Business, 95 Eastern Ave *Address,* C H Boozer M. D.

Medical Attendant.

C/7 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 9a 612 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 26 L. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Wäbler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 94 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 2312 Carlton Ave

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 28th 87

Undertaker G. Francy

Place of Business, 9 Bank & Wolfe Sts. *Address,*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97613 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth R. Eakle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Huntingdon Co Pa

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 1115 Edgewood

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Tuberculosis Pneumonia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Smithsburg Washington Co Md

Date of Burial, Jany 28th 1887

Undertaker, Stewart & Warren

Place of Business, 35 Park ave *Address,* 208 Aisquith

Edward P. Aldrich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

435 Fremont

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 97614 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ubby Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 2 Parrish alley

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27th 1887

Undertaker, William H Turner

Place of Business, 150 East St

J M K Warner M. D.
Medical Attendant.

Address, 90 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 27615 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Burton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 16 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 51 East St (Old number

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Jan 29th 1887

Undertaker, Theisen & Dorsey

Place of Business, 10 East St

David Buck M. D.
Medical Attendant.

Address, 24 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 97616 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26th 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julianna Weaver

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Pa

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 011 No 285 Mosher St.

Cause of Death, First (Primary), Bright's Disease (Chronic)

Second (Immediate), Dropsy

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 28 This Ld. & Hour

Undertaker, J B Leeds M. D.

Medical Attendant.

Place of Business, 1003 W Balt St *Address,* cor Mulberry & Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Letter at Side, and to Rules on Back.

Health Department, City of Baltimore.

Permit No. 9767

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry G. England

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 1807 Light St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Jany 28th 1887

Undertaker, Wm J Tickner

Place of Business 521 S Eutaw St

Geo A. Cooke M. D.
Medical Attendant.

Address, 104 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 9968 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 28 — 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Simpson Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 8 *Months,* — *Days.*

Color, W. Child

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 416 (old number) Orleans St. Orleans St.

Cause of Death, First (Primary), Measles

Second (Immediate), Malignant Convulsions

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 29 1887

Undertaker, John Kenney J. Phelps M. D.

Medical Attendant.

Place of Business, 382 Ca Cem *Address* 137 Orleans E.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules as below, and to Law of Penalties on back of

Health Department, City of Baltimore.

Permit No. 9761 9 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Tucker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* ~~*Days.*~~

Color, Brown

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} 821 Pierce St.

Cause of Death, First (Primary), Fatty Heart

Second (Immediate), Asthma & Dropsy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 28th 1887

Undertaker, Alley & Handley

Place of Business, 561 Orchard

F. B. Gardner M. D.
Medical Attendant.

Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 97620 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
JAN 27 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Le future

Place of Death, {Give Street and Number.} 703 Woodyear Ave

Cause of Death, First (Primary), ...

Second (Immediate), Typho-Malarial fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 29th 1887

Undertaker, Alex Hensley

Place of Business, 511 Orchard St

M K Marmer M. D.
Medical Attendant.

Address, 901 Strickers St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 97621 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 24th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Keyser.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ~~0~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} Nun no. 666 Mulberry St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 28th 1887

Undertaker, Jno Cadogan

Place of Business, 227 Mulberry St *Address,* cor Mulberry & Mydlle sts

Louis L. B. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97622 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. B

Date of Death, Jan. 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wm. Deitz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 13 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Widow or Widower~~ ✓

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1036 N. Durham St

Cause of Death, First (Primary), Strangulated intestine

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 28th

Undertaker, A. O. R. Bandell E. B. Tenby, M. D.
Medical Attendant.

Place of Business, 1608 Miller St *Address,* 1201 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 97623

Office of Registrar of Vital Statistics. Ward 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 25th. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc. allister -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male -

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Fisherman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 58 Years.

Place of Death, {Give Street and Number.} 2323 Eastern avenue.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Asthma

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 27 1887

Undertaker, Wm. Sander & Son Nicholas L. Sathiell M. D.

Medical Attendant.

Place of Business, 1708 & 1710 Canton Av. *Address,* 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97624 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 26, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lavinia Pritchard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Two (2) *Months,* Twelve (12) *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 2041 Orleans Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 28th of January

Undertaker, John Herwig

Place of Business, 382 Orleans st

Wm. H. Claudius, M. D.
Medical Attendant.

Address, No 418 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97625 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. & Sarah C. Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 10 minutes ~~*Days*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1045 Abey's Alley

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 27 1887

Undertaker, Dr. Geo. W. Roberts

Place of Business, 1045 Abey's all Address, 1019 Light St.

Robert P. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97626 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty One Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Operation for Epithelioma of mouth

Second (Immediate), Septicaemia following operation

Duration of Last Sickness, Seven days. Operated on jan 20th

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 30th 87

Undertaker, H. Finch & Son

J. P. Nott M. D.
Medical Attendant.

Place of Business, 1101 N. Gay St. *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 97627

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27 1887 (Benziger

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick F Benziger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 3 *Months,* 23 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Attorney of Law

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} N 918 N McCulloh St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebral Paralysis

Duration of Last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 29 '87

Undertaker, Wm Jenkins Sons

Place of Business, Park & Saratoga Sts

James Armiger M.D.,
Medical Attendant.

Address, W 14 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97628 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of, this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Tilghman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} The Hermitage. Queen Annis Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 144 N. Charles St.

Cause of Death, First (Primary), Heart Disease & An Abscess

Second (Immediate), Exhaustion

Duration of Last Sickness, Eleven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan 29th 1887

Undertaker, Hall Estate & Son

Place of Business, Park & Saratoga

Sam'l T. Earle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97629 *Office of Registrar of Vital Statistics.* Ward 8 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1717 Harford Ave

Cause of Death, First (Primary), Violent [illegible] in Right column

Second (Immediate), Paralysis

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 30th

Undertaker, Eco Schilling

Place of Business, *Address,* 1523 E. Baltimore

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9763 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 28 1887

D

CERTIFICATE OF DEATH.

Date of Death, 27th January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Zimmisch

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* 11 — *Months,* — 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} No 208 Saratoga Street

Cause of Death, First (Primary), Heart disease Albuminuria

Second (Immediate), Weakness

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jany 29th.

Undertaker, G. W. Troll

Place of Business, 31 d Hanover

A. E. Reinhardt M. D.
Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 27. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily A Slothower

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 87 *Years,* 6 *Months,* 1 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} Old 309 W Lanvale St.

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, Some Time

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, Jan 29th 87

Undertaker, H. Weaver

Place of Business, 202 N. Eutaw St. *Address,* 303 N Green

W. F. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 9 6 3 2 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th /87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 534 West Biddle st

Cause of Death, First (Primary), Malarial fever

Second (Immediate), Consumption

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 28th 1887

Undertaker, Chas L Gray

Place of Business, 65 Mulberry

Benj F Bohrer M. D.
Medical Attendant.

Address, Cor Mulberry & Greene sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97633 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Fountain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 1 - 10

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 312 Eutaw St. (E 3d)

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Apnoea

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 29 1887

Undertaker, Hennighausen & Co

Place of Business, 98 Eutaw St

Rob Ewell M. D.
Medical Attendant.

Address, 815 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 97634

Office of Registrar of Vital Statistics.

154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 28 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Tonger

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 133 York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Jan 30 1887

Undertaker, Hartman & Ross

Place of Business, 95 Eastern Ave

Th. H. Ormes M.D.,
Medical Attendant.

Address, No 5½ N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 9763 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Cairns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 17 E Fort Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, January 29

Undertaker, B. Ware

Place of Business, 1151 West Pr. *Address,* 578 Hanover St.

Theodore Cotter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 27636 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ennis Slaughter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 1129 Raby St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 29

Undertaker, J. Hall

Place of Business, 115 West St *Address,* 518 Lemmon St

by Thos Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9763 7 *Office of Registrar of Vital Statistics,* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1887

D

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 940 Chapel St

Cause of Death, First (Primary), Syphilitic Bronchitis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 1887

Undertaker, H. P. Dunger

Place of Business, 151 East St

Edwin B. Jenby M. D.
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27638 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mittie Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Blind Beggar

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Lifetime

Place of Death, {Give Street and Number.} S. Dallas below Lombard St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, ~~Few~~ Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th/87

Undertaker, Wm Dungee

Place of Business, 159 East St

Wm J Cahell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97639 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 28 1887

B

CERTIFICATE OF DEATH.

Date of Death, January 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Ann Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll County, Maryland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} No. 17 Union Alley

Cause of Death, First (Primary), Chronic Laryngitis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 28th 87

Undertaker, William Dunge

Place of Business, 150 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 28 1887
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Shute.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and number.} 131 S. Register St.

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, Jan 28th 1887

J. H. Loiseau M. D.
Medical Attendant.

Undertaker, Jacob Ahrens

Place of Business, Balt & Pearl Sts *Address* 23. S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9764 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Winifred Constantine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} new No. 2002 E. Balt. St.

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, January 29th 1885

Undertaker, M. A. Dwyer. Atty.

Place of Business, 229 S. Broadway

C. Glanville Tuke M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9764½ *Office of Registrar of Vital Statistics.* **Ward** 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Stafford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} New 101 N. Ann St.

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 30th 1887

Undertaker, M. A. Dwyer Atty,

Place of Business, 229 S. Broadway *Address,* 700 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97643 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JAN 28 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1897.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Fick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 2005 Fredericksburg

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), Suffocation

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, January 29th 1897

Undertaker, John P. Poulson

Place of Business, 2062 Fred. Ave *Address,* 1803 W. Pratt St

E. H. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 28 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Thursday Jan. 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Robinson (Addie

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 39 *Years,* 8 *Months,* 27 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 228 North Amity St

Cause of Death, First, (Primary,) Acute Pulmonary Congestion

Second, (Immediate,) Apnoea

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Jan 29th 1887 Charles Getz M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, No 701 N Balto St *Address,* 1220 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97645 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Annie M. Frazier

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2012 E. Pratt St.

Cause of Death, First (Primary), Acute indigestion

Second (Immediate), Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 30th 1887

Undertaker, Denny & Rutherford

Place of Business, 208 S. Broadway

G. A. Rusk M. D.
Medical Attendant.

Address, 2000 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 9764 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 29

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph John Kanabrion

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 518 Madeira Alley

Cause of Death. First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus Cr

Date of Burial, Jany. 29. 1887.

Undertaker Frank Wach

Place of Business, 829 N Durham St *Address,* 299 (711) E Fait. Av

James E Smith M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97647 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Kent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baltimore

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Goodman Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 29th 97

Undertaker, Garrett Handy

Place of Business, 198 West Pratt

C. L. Bond M. D.
Medical Attendant.

Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Section 2 on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97648 *Office of Registrar of Vital Statistics,* JAN 28 1887 Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Ward Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 5-0 N St Paul

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 30th 1887

Undertaker, Denny & Mulcahy

Place of Business, 5.58 N. Fayette St *Address,* 1001 E Monument Ave

H F Hill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97649 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda Margaite Lerch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 59 W. Townsend

Cause of Death, First (Primary), Instrumental Delivery

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 29th 87

Undertaker, Denny & Mitchell

Place of Business, 850 N. Fayette *Address,* 600 N Howard St

Thos O'Dea *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

11

Permit No. 97659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE, MD. JAN 29 1887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Blake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty six *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annarundel Co. Md.

Duration of Residence in the City of Baltimore, Since a child

Place of Death, {Give street and number.} 9 Penn Alley

Cause of Death, First (Primary,) Pulmonary tuberculosis

Second (Immediate,) Inanition

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet A.A.Co. Md

Date of Burial, Jan 30th 1887

W. H. Thompson M. D.
Medical Attendant.

Undertaker, Alex Handley

Place of Business, 561 Orchard St

Address 563 W. Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OV

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27657 *Office of Registrar of Vital Statistics.* Ward 14 2

HEALTH DEPARTMENT JAN 29 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 29. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Gillan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 97 Lemmon St old No

Cause of Death, First (Primary), Inflammation of brain

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 30

Undertaker, Joseph B Coch

Place of Business, 1003 W Balt st

James Bosley M. D.
Medical Attendant.

Address, 319 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 97 652 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT BALTIMORE, MD. JAN 29 1897

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Malloy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carriage smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown, D.C.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 134 Argyle Ave

Cause of Death, First (Primary), Senenitas

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31

Undertaker, J. B. Cook

Place of Business, 1093 W. Balto

H. Baker M. D.
Medical Attendant.

Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97653 *Office of Registrar of Vital Statistics.* Ward 11 ct

HEALTH DEPARTMENT BALTIMORE MD. JAN 29 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 28 1887 , (Mister)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Henry Mister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 140 Biddle (west

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 30th 1887

Undertaker, Stewart & Modarra

Place of Business, 35 Park ave *Address,* cy Franklin

J H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97654 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT JAN 29 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella M. Neiman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse Girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Liverpool England

Duration of Residence in the City of Baltimore, About forty years

Place of Death, {Give Street and Number.} 216 - E - Biddle St

Cause of Death, First (Primary), Carcinoma of right breast

Second (Immediate), Asthenia

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 30 87

Undertaker, Wm Neiker

Place of Business, 202 N Eutaw

J. H. Grimes M. D.
Medical Attendant.

Address, 287 - Mercer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7765 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th January, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62. *Years,* ..... *Months.* ..... *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Friendship, Md.

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} 831 Raborg St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Fell on the street & died in a few minutes.

Duration of Last Sickness, A few Minutes.

All the above information should be furnished by the Physician.

Place of Burial, Mar. Pt. Cemetery

Date of Burial, Jan 30th 1887

Undertaker, Chas. W. Chase

Place of Business, 641 S. Howard St. 107

C. H. Tuttell, M. D.
Medical Attendant.

Address, Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17656 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Braywood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, Col.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give Street and Number.} 57 So. Dallas St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1887

Undertaker, Paul W. Chase

Place of Business, 641 S. Howard St. *Address,* 77 E. Pratt

Geo. L. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97657 *Office of Registrar of Vital Statistics* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

D

Date of Death, January 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Perry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Law Buildings, Cor. Lexington & St. Paul

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Elm.

Date of Burial, Jan. 29th 87

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

Eugene F. Cordell, M. D.
Medical Attendant.

Address, 325 Oak St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

(over)

Board of Health, City of Baltimore.

Permit No. 97658 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 29 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev Jas. H. Hamner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, W.

~~*Married Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation Minister of the Gospel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Albemarle Co. Va.

Duration of Residence in the City of Baltimore, 53 years (about)

Place of Death, {Give street and Number.} 613 St Paul St

Cause of Death.
First (Primary), Senile Decay
Second (Immediate), Cerebral Haemorrhage

Duration of Last Sickness, 3 days (Rt. Hemiplegia)

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany. 31st 1887

Undertaker Wm. Jenkins & Sons

Place of Business Park & Saratoga Sts. *Address,*

Christopher J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 97659

Office of Registrar of Vital Statistics. 19 Mar

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

H

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH JAN 30 1889 BALTIMORE

Date of Death, January 28. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Strudessin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Irland V

Duration of Residence in the City of Baltimore, 2 ½ yrs.

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First, (Primary.) Softning of Brain

Second, (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan'y 30th 1889

Undertaker, Wm. Jenkins Sons

Place of Business, Pratt & Saratoga Sts

Robt W Johnson M.D.,
Medical Attendant.

Address, 101 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9766 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 29, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Birsch (Birsch)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1702 Fredk Ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Jany 30th 1887

Undertaker, J. H. Englehart

Place of Business, 1408 Penna Ave

James T Bailey M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below and to Rule 10 on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9766 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 29. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 1 Lemon St

Cause of Death, First (Primary), Sarcoma of Uterus.

Second (Immediate), General Prostration

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 31st

Undertaker, John J Leonard

Place of Business, 89 Hollins St

B B Browne M. D.
Medical Attendant.

Address, 1218 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9762 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 30 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Kroger (Kroger)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2015 Fremont ave

Cause of Death, First (Primary), Diphtheria (Laryngeal)

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, January 30 1887

Undertaker, [illegible] James T Bosley M. D.

Medical Attendant.

Place of Business, [illegible] *Address,* 819 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97663 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Hodge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* ~~~~ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 72. Stockholm St

Cause of Death, First (Primary),

Second (Immediate), Insanitis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Mem

Date of Burial, Jan. 31st. 1887

Undertaker, H. Ross

Place of Business, 93 Conway St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Camp 26 & 28

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. Le Gorg Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9764 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th, 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dihlhorst

Sex, Male or Female, {Cross out the word not required in this line.} Female (Dihlhorst)

Age, 80 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 1414 Bond St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, January 30th

Undertaker, H. Dippel

Place of Business, 151 S. Bond St

D. J. Hull M. D.
Medical Attendant.

Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Suspected Exposure of Infectious or Contagious Disease to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97665 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geneva Robinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, one *Years,* one *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U S a Balto

Duration of Residence in the City of Baltimore, Ofr Time

Place of Death, {Give Street and Number.} 74 East St

Cause of Death, First (Primary), Cold & Exhaustion

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1895

Undertaker, Wm H. Martin

Place of Business, 76 East St

J E Gosnell M. D.
Medical Attendant

Address, Aisquith & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9766 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah D Mason
Josiah Mason Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, Dong life

Place of Death, {Give Street and Number.} No 10 W. Preston

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Seen by me in four months - Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 30th 1887

Undertaker, Alexander Kennedy

Place of Business, 116 Orchard St

Christopher Johnson M. D.
Medical Attendant.

Address, 116 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 13

Permit No. 9766 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. C

Date of Death, January 29, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Plant

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1044 Pottsleton av

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), 8 8

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Jan 31st 1887

Undertaker, Jos B Cook

Place of Business, 1003 E Baltimore St *Address,* 319 Hollins av

James Bowles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97668 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Gwinn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Hollins between Fremont and

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Jan 30 1887

Undertaker, Jos B Cook

Place of Business, 1003 W Baltimore *Address,* 319 Hollins ave

James O Pilley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9769 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Jan. 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred T Shepherd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1211 Scott St.

Cause of Death, First (Primary), Teething & General Old.

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 31st 1887

Undertaker, Jos A Loch

Place of Business, 1003 W. Baltimore

H. W. Webner M. D.

Medical Attendant.

Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9670 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 30, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjeman Thos. Owings

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 62 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, About two month

Place of Death, {Give Street and Number.} 693 W. Lombard St

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), Prostration

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Pohatan Balto Co

Date of Burial, Jan 31

Undertaker, J B Cook

Place of Business, 1003 W. Balto St

J G W Smetham M. Ds
Medical Attendant.

Address, 1327 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Transit No. 4519

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97671 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give Street and Number.} [redacted] St Joseph's Hospital

Cause of Death, First (Primary), Genl debility -

Second (Immediate), acute Cystitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 31

Undertaker, W Diggett

Place of Business, 154 E Balto

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97672 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hofman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 313 S. Madeira Alley

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship cem

Date of Burial, Jan 30 1887

Undertaker, H. Saunders & Son

Place of Business, 1708 1710 Eastern Ave *Address,* 2225 E. Balt St.

James G. Kane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...the Special Attention of ... is Respectfully Invited to the Remarks Below, and to Those on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9763 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shannon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Six *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and Number.} 19 Holbrook St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Convulsions

Duration of Last Sickness, two weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 30 - 87

Undertaker J. Owens & Co

Place of Business, 626 W. Balto St

J. Henry Shubert M. D.
Medical Attendant.

Address, 1111 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 97674 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Dudley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Y *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 97 Cook Street

Cause of Death, First (Primary), Natural

Second (Immediate), Laryngitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 30

Undertaker, B Hamb

Place of Business, 115 North

F V Wiley M. D.
Medical Attendant.

Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9765 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 28th January 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Sharps

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 220 E. Hill Str.

Cause of Death, First (Primary), Asthenic = Bronchitis

Second (Immediate), Anæmia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Stark & Emily

Date of Burial, Jan. 31 87

Undertaker, Samuel W. Crane

Place of Business, 19 & Guara Address, 224 E. Hill Str.

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97676 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 71

Date of Death, January 28, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Summers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, Well known

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Enteric Fever

Second (Immediate), Not known

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, E. Fulton Cem

Date of Burial, Jan 29/82

Undertaker, Geo Knabe

Place of Business, Front Dept

J. H. Buxton M. D.
P. A. Surg. U.S. Medical Attendant.

Address, Marine Hospital Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 9767 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Cumer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 ~~mos.~~ *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore and all life

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 42 (old no) Frederick ave.

Cause of Death, First (Primary), Infection with Dropsy

Second (Immediate), endo-carditis

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, January 31

Undertaker, Walter Immell

Place of Business, 594 W. Fidler *Address,* 220 N. Eutaw St

J. W. Wright, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 10 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Bordley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 29 *Years,* 1 *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Frederick Co., Md.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 181 (old No.) Pierce St.

Cause of Death, First, (Primary,) Roas Abscess

Second, (Immediate,) Septicaemia

Duration of last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 31 1887

Undertaker, Hercules Ross

Place of Business, 409 Conway St

Thomas E. Sears, M. D.
Medical Attendant.

Address, 411 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [0748.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9979 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 29 '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Cornelius Dawson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Dark

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 418 Elbow Lane

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Bryn Mawr Cemetery

Date of Burial, Jan 31 1887

Undertaker, Hercules Ross

Place of Business, 409 Eastern Ave *Address,* 540 Bank St

J. Lyle Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9768 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans Mehrer (Samuel Minier)

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 105 Broadway

Cause of Death, First (Primary), Circumcision

Second (Immediate), Erysipelas of [illegible] & suppurating [illegible]

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Ebert Schulman

Date of Burial, Monday January 31st

Undertaker, Evans & Spence.

Place of Business, 1100 E. Baltimore

F. Meyer M. D.
Medical Attendant.

Address, 4 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9768 1 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robina May Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 7 *Years.* 8 *Months,* 15 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 154 N Fremont St.

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate), Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg

Date of Burial, Jan 31

Undertaker, Ott Blizzard

Place of Business, 1137 Penna

John Neff M. D.
Medical Attendant.

Address, 206 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9682 *Office of Registrar of Vital Statistics.* Ward 20 2

JAN 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nunie Payne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 506 Pamah alley

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1887

Undertaker, H. H. Dunger

Place of Business, 150 East St. *Address,* 807 Arlington ave

J. Ramsey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 31 1

Permit No. 97683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Hamilton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10. *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 507 W. Preston St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 31st 1887

Undertaker, W. A. Dungee

Place of Business, 151 East St

James T. Brown M. D.
Medical Attendant.

Address, 1216 Lisbon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97684 *Office of Registrar of Vital Statistics.* Ward 5-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH

Date of Death, January 28th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 216 Forrest st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Paralysis Stroke

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 97

Undertaker, Wm A Dawes

Place of Business, 152 East St

J. Conway M. D.

Medical Attendant

Address, August 1st Leyden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97685 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hardiman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} No 108 E. Hughes St

Cause of Death, First (Primary),

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb 1. 1867

Undertaker, Martin Fahey

Place of Business, 128 Lavenia St *Address,* 511 Hanover St

J. C. Bunn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97686 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin L. Hardiman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 108 E. Hughes St

Cause of Death, First (Primary), ...

Second (Immediate), Tetanus Traumaticum

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, May 1 1887

Undertaker, Martin Fahey

Place of Business, 128 W Townsend *Residence,* 511 Hanover St

J. C. Buch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97687 *Office of Registrar of Vital Statistics.* Ward 11½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Goldsmith.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 24 *Years,* ——— *Months,* ——— *Days*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married, ✓

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give Street and Number.} Md. Genl Hospital.

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Asthenia.

Duration of Last Sickness, Two & a half years.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 31. 1887

Undertaker, H. Lewis Schafer

Place of Business, 316 N Fremont

Robert Bond M. D.
Medical Attendant.

Address, Md. Genl. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97688 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, — Jan 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi H Marlow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 1134 N Gilmor St

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jany 31st 1887

Undertaker, Wm J Tiedner

Place of Business, 221 S Eutaw St *Address,* 901 Pine St

M. S. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97689 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1887

B

CERTIFICATE OF DEATH.

Date of Death, Jan 30 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Faber

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Tayloress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Yrs

Place of Death, {Give Street and Number.} 3005 Lancaster Street

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Jan 31 87

Undertaker, John C Rhodes

Place of Business, 407 N Broadway

E Hall Rutledge M. D.
~~Medical Attendant.~~ Coroner

Address 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97690 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H LeCompte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 104 Weber St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Apnoea

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, February 1

Undertaker, B. Frank

Place of Business, 115 Nort H

Ross Elder M. D.

Medical Attendant.

Address, 215 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 97691 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* ~~*Days.*~~

Color, Brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 579 Oxford St.

Cause of Death, First (Primary), Gastritis

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 1st 1887

Undertaker, Alex Neville

Place of Business, 56, Wrecker J B Gardner M. D.

Medical Attendant.

Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9769 2 — *Office of Registrar of Vital Statistics.* — Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* ~~*Days.*~~

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 127 Pearl St.

Cause of Death, First (Primary), Cancer

Second (Immediate), Lethicemia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Jan 30 1887

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Roy Thomsley

Place of Business, 560 Orchard St *Address,* 424 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97693 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 31 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olie C. Coelena Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 1946 Hanover

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 31 1887

Undertaker, D Flynn

Place of Business, 42 E Fort Ave

Theodore Costa M. D.
Medical Attendant.

Address, 718 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 9694 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 18
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Chester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy *Years,* About *Months,* *Days.*

Color, Griff – Part of African Descent

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 12 N. Durham St.

Cause of Death, First (Primary), Softening of the Brain,

Second (Immediate),

Duration of Last Sickness, About 3 Weeks – been ailing a year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 31st

Undertaker, John E Grace

Place of Business, 1 Caroline St 818

H. J. Laurel, M. D.
Medical Attendant.

Address, # 16 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97695 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amila Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since time

Place of Death, {Give Street and Number.} No 49 E. Caroline St

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Dec 1 1887. W. J. Adel M. D.

Medical Attendant.

Undertaker, John Kenny

Place of Business, 382 Canton *Address,* 34 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9696 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th, 1887

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Emma Whale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 221 Eastern Ave.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Spasms

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan. 21 1887

Undertaker, John Herring

Place of Business, 382 Orleans *Address,* 124 S. Broadway

J. L. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 97697 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Sloan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 31 *Years,* 8 *Months.* *Days*

Color, ~~White~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widower~~

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2200 Fairmount Ave.

Cause of Death, First (Primary), Typhoid

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Feby 1st 1887

Undertaker, W. D. Boyce Atty

Place of Business, 711 E. Fredk Ave

Walter H. White M. D.
Medical Attendant.

Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97698 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 26 Lessier st

Cause of Death, First (Primary), Imperfect development

Second (Immediate), Bronchitis.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 31st 1887

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw st

Edw. Janney M. D.
Medical Attendant.

Address, 832 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97699 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Stanley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Eighty two years

Place of Death, {Give Street and Number.} 323 Paca St

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Feb 2nd 1887

Undertaker, Geo B Cook

Place of Business 1003 W Balto St

Medical Attendant. M. D.

Address, 215 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ppointment of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97709 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1

BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kratz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} # 1539 Lancaster St

Cause of Death, First (Primary), —

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Februar 1st 1887.

Undertaker, Leonhard Kurr — John H. Rehberger M. D.
Medical Attendant.

Place of Business, 27 S. Bond St. *Address,* # 1709 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97701 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 29 January 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shephard (Schepsea)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 4 *Months,* 8 *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} N.E. Cor. Howard & Richmond

Cause of Death, First (Primary), marasmus

Second (Immediate),

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, January 31 1887 G Lane Dunphie M. D.

Medical Attendant.

Undertaker, A Rosenberger

Place of Business, Ave. 321 Park Ave *Address,* 922 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97702 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Tobbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 86 Years

Place of Death, {Give Street and Number.} # 1521 Lexington Street

Cause of Death, First (Primary), Senile Marasmus incidental to age

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feb 1 1897

Undertaker, Denny & Matthews

Place of Business, 550 N Gayle

H. L. Sheets M. D.
Medical Attendant.

Address, 805 N. Londan Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97703 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Malone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 221 Boston St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feby 1st 87

Undertaker, Clarke & Son

Place of Business, 92 S. Ann *Address,* 283 S Eutaw St

E Mulvaney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97704 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 30 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Bendheim

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 80 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), old age

Second (Immediate), dementia, exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, H. H. Congregation

Date of Burial, Jan. Feb. 1st 1887

Undertaker, D. J. Sondheim

Place of Business, 120 N. Greene *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97705 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31

B

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel & Benj. Braun (Parents)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} In rear of 44 Centre Market Space

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Jan 31st 87

Undertaker, Evans & Spence

Place of Business, E. Balto St. *Address,* Cor Jas & R

James A Hamm M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McM Kuen Sanitary Inspector

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97706 *Office of Registrar of Vital Statistics.* **Ward** 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1887

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Kohn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old # 259 S. Bond St

Cause of Death, First (Primary), ...

Second (Immediate), Trismus Nascentium

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cong. Cem.

Date of Burial, Feb 1st 87

Undertaker, D. Heiman

Place of Business, 1 Law St

John H. Lehberger M. D.
Medical Attendant.

Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9707 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1887

C

CERTIFICATE OF DEATH.

Date of Death, 1. 30. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Godwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored.

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 536 Addison al.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Jan 31st 1887

Undertaker, S. M. Leonard & Son

Place of Business, 182 40. Balto *Address,* 1803 Dr. Pump St

J. R. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97708 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Jan. 31/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Bath. Cemetery.

Date of Burial, Jan. 31. 1887

Undertaker, John Masterson

Place of Business, Division St. *Address,* Harlem ave & Calhoun sts

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 17709 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Jan. 31, 1887

Undertaker, John Madison

Place of Business. Division St.

R. He. Goldsmith M. D.
Medical Attendant.

Address. Harlem ave & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9760 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, January 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} 518 N. Charles street

Cause of Death, First (Primary), Umbilical Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 31st 1887

Undertaker, Alex Henderson

Place of Business, 61 Orchard *Address,* 836 N. Balto. Sts.

B. S. Titcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9771 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riddlemoser

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 93 *Years,* 7 *Months,* *Days

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Between two & three years

Place of Death, {Give Street and Number.} 1224 West Lombard

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), Senile Decay failure of vital power from old age

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Burg Md

Date of Burial, Feb 2d

Undertaker, John F Bowman

Place of Business, 89 Hollins

Wm. H. Holliday M. D.
Medical Attendant.

Address, Carroll Balto, Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4521 Trans

Health Department, City of Baltimore.

Permit No. 97712 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Lizzie Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 934 E. Eutaw St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 31st/87

Undertaker, Matthew Corrogan

Place of Business, 696 Mulberry St.

G A Fleming M. D.
Medical Attendant.

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 99713 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C Albert Greenfield
Greenfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 427 N Gilmor St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Phthisis

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 1st 1887

Undertaker, John J. Mackey

Place of Business, No 150 Camden St

W. P. Thompson M. D.
Medical Attendant.

Address, 315 N Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Braun

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York, Pa

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give Street and Number.} Cor. Eutaw & Stockholm St

Cause of Death, First (Primary), Puerperal Septicaemia

Second (Immediate), Exhaustion.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb. 1st 1887 W. Rickert M. D.

Medical Attendant.

Undertaker, Geo Lemmlein

Place of Business, 647 W Pratt St. *Address,* Lima Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9771 5 — *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1420 E Monument Ave no

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Convulsions

Duration of Last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 1st

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

Geo. L. Reynolds M. D.
Medical Attendant.

Address, 171 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9776 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death, Jan 31st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer G. Matter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 12 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 236 N. Bond St.

Cause of Death, First (Primary), Asthenia

Second (Immediate), Atelectasis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Feb 1st

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmt Ave

E. J. Burton M. D.
Medical Attendant.

Address, 124 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9717 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Tighe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Randall St 2d no

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks C

Date of Burial, Feb 1

Undertaker, B. Ward

Place of Business, 115 West St *Address,* 711 N. Calvert St

Geo. D. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9718 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1887 5.45 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Augusta Allie

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 2 days & 5 hrs ~~Years~~, ~~*Months*~~, ~~*Days*~~

Color, White

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Good Samaritan Hospital Mosher & Druid Hill Ave

Cause of Death, First (Primary), Asphyxia

Second (Immediate), Tetanus & Pneumonium

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 1st 1887

Undertaker, Wm Weaver.

Place of Business, #202 N. Eutaw St.

Dr Randolph Winslow.
" Gertrude A Cole M. D.
Medical Attendant.

Address, Good Samaritan Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 27719 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Not. Little Sisters Poor

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 1 Month 25

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 1 '87

Undertaker, Wm Blot Comp

Place of Business, E. Fondaval St *Address,*

Chas Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 24720 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Henrietta Washington Dennie Roberson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} —

Age, — — — *Years,* 7 *Months,* — — — *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1433 Vincent Alley

Cause of Death, First (Primary), Heapy Cold

Second (Immediate), Convulsions

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 1st 1884

Undertaker, Wm. A. Dungee

Place of Business, East St. [redacted]

James A. [illegible] M. D.

~~Medical Attendant~~

Address, [redacted] C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under [illegible] notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Inspector

Board of Health, City of Baltimore.

Permit No. 27721

Office of Registrar of Vital Statistics.

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 31. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam Bruden

~~*Sex,* Male or Female.~~ { Cross out the word not required in this line. }

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Retired Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bucks Co. Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and number. } Agnews Home

Cause of Death, First, (Primary.) Debility

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 1st 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 101 Franklin St

Robt W. Johnson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7722 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brehm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (36 yrs in America

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} U. S. Hospital

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Asthenia

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemy

Date of Burial, Feb 2 1887

Undertaker, Henry Hoen

Place of Business, 1023 N. Central ave *Address,* 624 N. Calvert St

Oscar J. Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97723 *Office of Registrar of Vital Statistics.* Ward 13 6/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Jan 30. '97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bone Brae cemetery

Date of Burial, February 3

Undertaker, M. Doyle

Place of Business, 200 Charles St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97724 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Gallagher

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 West Eager St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Wednesday 2/8 *Jas. L. McCormick* M. D.

Medical Attendant.

Undertaker, Jos. T. Byrne

Place of Business, 213 n Gilbert St *Address,* 246 West Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97725 *Office of Registrar of Vital Statistics.* Ward 1-W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 31. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosette. Costillo.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 233 N Front St.

Cause of Death, First (Primary), Bronchitis (Capillary)

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem't

Date of Burial, Feb 2d 1887

Undertaker, Las N Byrne

Place of Business, Front St

J W Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97726 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

B

Date of Death, Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Clark.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Weaver.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} 1113 E. Chew St.

Cause of Death, First (Primary), Hypertrophy Heart.

Second (Immediate), Pulmonar Valves.

Duration of Last Sickness, He has been suffering with it for 2 or 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy.

Date of Burial, Feb 2nd 1887

Undertaker, Jas O'Byrne

Place of Business, 63 [illegible]

Edward P. McDevitt M. D.
Medical Attendant.

Address, 208 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9772 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1887 5th A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Francis Jarrett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, H. Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ellicott City, Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} 118 N. Eutaw St.

Cause of Death, First (Primary), Confinement

Second (Immediate), Puerperal Fever

Duration of Last Sickness, Can not say, as I only saw her one day

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City MD

Date of Burial, Feb 3rd

Undertaker, Wm J Schaeffer

Place of Business, 5 S. Front St

A Brashears M. D.
Medical Attendant.

Address, 1102 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97728 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 61 N Schroeder

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Feb 2nd 1887

Undertaker, Jos B Cook

Place of Business, 1003 W Baltimore St *Address,* 319 Hollins St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 97729 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

BALTIMORE, MD.

Date of Death, January 31st 188-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Mackenzie

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 515 Madison Ave (Old Number)

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Vital Exhaustion

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, Feb 3rd 1887

Undertaker, Geo A Cook

Place of Business, 1003 N Baltimore

Edward E Mackenzie M. D.
Medical Attendant.

Address, 206 W Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97730 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or* sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Jan 29 "87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 260 Chestnut St

Cause of Death, First (Primary),-

Second (Immediate), Old Age

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 "87

Undertaker, S. W. Shue

Place of Business, S. Howard St *Address.* Eutaw & R

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97731 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rees

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give Street and Number.} 116 Williamson Pl

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, 34 years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb 3 " 1887

Undertaker, Bernard Hart

Place of Business, 115 West St

Robt E Ellis M. D.
Medical Attendant.

Address, 913 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27732 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 2 1887 BALTIMORE, MD.

Date of Death, Feb 1st 1887,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Gordy

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White,

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Housewife,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 yrs.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 150 East St.

Cause of Death, First (Primary), Cancer of Stomach.

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, February 3rd

Undertaker, Evans and Spence

Place of Business, 1000 E Balto St *Address,* 133 N Eutaw St

J. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97733 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 2 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Edwards

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 5 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——————

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——————

Place of Death, {Give Street and Number.} 3 Douglas

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2d / 87

Undertaker, W. H. Dugan

Place of Business, 156 East St.

E. A. Balderston M. D.
Medical Attendant.

Address, 304 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 7 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

DEPARTMENT, FEB 2 1887

CERTIFICATE OF DEATH.

Date of Death, February 1. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Hall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, Col.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md —

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give Street and Number.} 1100 McAlister's Court

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Gangrene of Lungs

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Feb 2. 1887.

John M Lomax M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 510 N. Gay. *Address,* 1124 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 17735 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 2 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, February 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maren Kirstine Rauchenbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give Street and Number.} N. Baltimore St # 1405

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3

Undertaker, J B Cook

Place of Business, 7003 W Baltimore *Address,*

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97736 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella D Sherwood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 63 S Monroe St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 3-87

Undertaker, Jos B. Orth

Place of Business, Balto Dr near Schroeder *Address,* 725 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 2 18

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Chiccotte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 50 Hoffman St.

Cause of Death, First (Primary,) Spasms

Second (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A G Watson M. D.

Date of Burial, Jan 2nd Medical Attendant.

Undertaker, Ecodschilling *Address* N. E. Cor Preston & Central Ave.

Place of Business, Ashland Dyeing

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 97738 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1897

Date of Death, Feb. 2nd 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Marion Mann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 8 *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 121 Hanover St

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 4th 1897

Undertaker, John S. Mosher

Place of Business, 150 Camden St

D. E. Lucien H. Barclay M. D.
Medical Attendant.

Address, 108 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 27739 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB. 2 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Walters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 202 S. Dallas St

Cause of Death, First (Primary), Spasms

Second (Immediate), Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, Feb 2d 1887

Undertaker, Mr. Funk

Place of Business, 1403 Bank St *Address,* James A Steuart M. D.

~~Medical Attendant~~

Camp 20 & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. Dr Goy Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rules on Back.

Health Department, City of Baltimore.

Permit No. 27740 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 2 1887 BALTIMORE

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary) Marasmus complicated with Pneumonia

Second (Immediate), 2 wks Ex.

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, New East Cemetery

Date of Burial, Feb. 2. 1887

Undertaker, John Masterson

Place of Business, Division St.

D. J. Flannery. M. D.

Medical Attendant.

Address 701 Dr Hillman.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9774 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1887 BALTIMORE

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylva.

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Spasms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb. 3. 1887

Undertaker, John Masterson

Place of Business, Division St.

F J Flannery M. D.
Medical Attendant.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1887 BALTIMORE, MD.

Date of Death, Feb 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Fosler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1528 Aisquith St

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3d

Undertaker, H. C. Wiedefeld

Place of Business, 916 Fremont Ave

M. B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Fosler St

From Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9774 3 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1887

CERTIFICATE OF DEATH.

Date of Death, February 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* ~~~ *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Vincent Alley bet Cumberland & Baker Sts

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 3d 1887

Undertaker, A Hensley

Place of Business, Orchard St *Address,* Carey bet Pr

Thos A Thomas M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. L. Roberts. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Lucas

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* 1 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lutherville Balto Co Md

Duration of Residence in the City of Baltimore, One Day

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Railroad Injury

Second (Immediate), Collapse

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lutherville Balto Co.

Date of Burial, Feby 3d 1886

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

~~New Ave 210~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

45 & 2 Trains

Special Attention of Physicians is respectfully invited to the Remarks below, [illegible]

Health Department, City of Baltimore.

Permit No. 99745 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stucke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 708 Hill St

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculous

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 3rd 1887

Undertaker, Armstrong

Place of Business, 963 Light

Thomas Cook M. D.
Medical Attendant.

Address, 178 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 17746 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd mo 1st 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... One *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 45 Lexington St

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Near No. 824 Hillen St

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1887

Undertaker, J. W. Madden

Place of Business, 46 East St

Robt H. Matthews M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 91747 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 2 1887 TIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ... *Months,* ... *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Cook &c

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in ~~the~~ City of Baltimore, Entire life time

Place of Death, {Give Street and Number.} 064 187 Eastern Ave

Cause of Death, First (Primary), General Debility

Second (Immediate), ...

Duration of Last Sickness, Chronic [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick

Date of Burial, Feb 4th 1887

Undertaker, Geo J. Locks

Place of Business, 1421 Jefferson *Address,* 421 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to this Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 97748 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 9 18

CERTIFICATE OF DEATH.

Date of Death, Oct 2/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Richd. Stratford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 115 Goodmans alley

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alyposius

Date of Burial, October 2

Undertaker, B. Hyatt

Place of Business, 115 West St *Address,* 909 St Charles St

Jno H Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White —— *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 1809 Dover St

Cause of Death, First (Primary,) Typhoid Malaria

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, Feb 3 rd 1887

Undertaker, Wm B Cook

Place of Business, No 1003 N Baltimore St

T. Edward Kelly M. D.
Medical Attendant.

Address 645 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 97751 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bon Fisher {Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 Hours *~~Days~~.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1104 Hanover Lane

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shalom St Cemy

Date of Burial, Feb 3rd 1887

Undertaker, S. W. Chase

Place of Business, 641 S. Howard

John A Ulman M. D.

~~Medical Attendant~~

Address, Cruger & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M C Roberts Inspector

Health Department, City of Baltimore.

Permit No. 7751

Office of Registrar of Vital Statistics.

Ward 17 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2" 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora E. Brueler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 48 Heath st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 4th 1887

Undertaker, B. Hartle

Place of Business, West St

Address, 104 Fort ave

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 97752 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, July 2d 1887. 2. P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A Warfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} [redacted] City

Duration of Residence in the City of Baltimore, 64 Years

Place of Death, {Give Street and Number.} 925 Eutaw St

Cause of Death, First (Primary), Organic (Valv. disease of Heart 2 months ago Hemiplegia —

Second (Immediate), Paralysis Total

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 4th 1887

Undertaker, J E Bamberger

Place of Business, 1408 Eutaw

F. H. Eastman M. D.
Medical Attendant.

Address, 1136 Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore

Permit No. 97753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Carey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number} 1203 Lexington St

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,) Exhaustion from old age

Duration of last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb. 4/87

Undertaker, Denny & Mitchell

Place of Business, 535 N. Fayette

Thos. H. Slope M.D.
Medical Attendant.

Address, 814 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltim.

Permit No. 9775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 1. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lavenia Bowens

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Maryland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 190 Welcome Alley

Cause of Death {First, (Primary,) Consumption / Second, (Immediate,) "

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Feb 3 1887

Undertaker, Hercules Ross

Place of Business, 904 Eastern Ave *Address,* 146 W. Biddle St.

F. N. Keller *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 97753 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannitta Nickel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 4 Robb corr Ellery

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exposure

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Marys R C Cemetery

Date of Burial, Feb 3 1881

Undertaker, Hercules Hoss

Place of Business, 404 Eastern Ave *Address,* 915 Light

R. A. P. Ellis' *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9775 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, Feb 2. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bouchelle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 72 Stough St

Cause of Death, First (Primary),

Second (Immediate), Diph Pharynx

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Feb 3rd 1887

Undertaker, Ernst Schloman

Place of Business, 623 S. Sharp St *Address,* 578 Hanover St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 9975 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

IMPROVED

B

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wetherham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 745 Pach Court

Cause of Death, First (Primary), Inflt. Rheumatism

Second (Immediate), Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb. 4th 1887

Undertaker, Ernst Schlosser

Place of Business, 623 S Sharp St

Wm Gould M. D.
Medical Attendant.

Address, 610 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 27758

Office of Registrar of Vital Statistics.

Ward 14 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, 29 February 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Preller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gassendorf, Baavry, Germany 4

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} # 110 ~~Fifth~~ Gorsuch & Duncan Alley 110

Cause of Death, First (Primary), Fly drops Abscess

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Feb. 3rd 84

Undertaker, G. Franck

Place of Business, Bank & Wolfe Sts. *Address.*

William Hensel M. D.
Medical Attendant.

P. Wolfe St. 318

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9775

Office of Registrar of Vital Statistics.

Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~C. A. Smith~~ Feb 2, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. A. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Septicaemia

Second (Immediate), Heart Failure

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Farnell Va

Date of Burial, Feb 3rd 1887

Undertaker, L. Gray & Sister / William H. Glover M. D.

Place of Business, 530 W Fayette / *Address,* City Hospital

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97760 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalina Bettchen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 2040 E. Madison St

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 3 d 1887.

Undertaker, John Ehrmann John Ayd M. D.
Medical Attendant.

Place of Business, 382 Caroline St. *Address,* 1937 E. Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...cial Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore.

Permit No. 9761. *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David L. Lilley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~4~~ 4 *Years,* *~~Months~~,* 7 wks *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 1141 Brewer's al.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1141 Brewer's al.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 3 1887

Undertaker Alex Hennesey

Place of Business, 564 Orchard st

Nat. Keyser M. D.
Medical Attendant.

Address, 910 N. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97762 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb: 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 12 years,

Place of Death, {Give Street and Number.} 139 Arlington Ave

Cause of Death, First (Primary), Organic Disease of Heart.

Second (Immediate),

Duration of Last Sickness, About 1 week,

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn, New York.

Date of Burial, Feb 4/1887.

Undertaker, Wm. H. Hickman. *Medical Attendant.* M. D.

Place of Business, 23 W. Fay. *Address,* 7 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4526 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 97763 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Dunning

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 414 N. Exeter St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Md.

Date of Burial, Feb 4. 1887

Undertaker, Wm. H. Hickman. Henry Schandlee M. D.

Place of Business, 2310 N. Gay. *Address,* 181 Linden Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

1525 Fawcett

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97764 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 2 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Libbie~~ Hollie Heslin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 15 Wall st

Cause of Death, First (Primary), Bronchitis & Scrofula

Second (Immediate), Apnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedarhill Cemetery

Date of Burial, Feb 4th

Undertaker, C. T. Flynn

Place of Business, 426 Mech

R. A. P. Ellis M. D.
Medical Attendant.

Address, 910 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 97765 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, February 3 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Rader

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 years *Years,* 3 *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1748 Bolton avenue

Cause of Death, First (Primary), Stomach -

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, Sixteen Days -

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb 5 1887

Undertaker, Henry Brill

Place of Business, Place of Business

D. F. Mantnick M. D.
Medical Attendant.

Address, 1429 Bolton ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 97766 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT FEB 3 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All from Birth

Place of Death, {Give Street and Number.} 1108 Baltimore Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 5th 1887

Undertaker, Bernard Hasle

Place of Business, 115 West St

Theodore Cotter M. D.
Medical Attendant.

Address, 578 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ral Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 9767 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1 Elizabeth Lane

Cause of Death, First (Primary), Scrofula

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 5th 1887

Undertaker, Bernard York

Place of Business, 117 West St

Theodore Otto M. D.
Medical Attendant.

Address, 218 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

ATTENTION of Physicians is respectfully invited to the necessity

Health Department, City of Baltimore.

Permit No. 27768 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT FEB 9 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Horton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 6 Weeks.

Place of Death, {Give Street and Number.} 630 Columbia Av.

Cause of Death, First (Primary), Hypertrophy of the Liver

Second (Immediate), Old Age

Duration of Last Sickness, About 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Feb 5th 1887

Undertaker, John S. Mackey

Place of Business, 157 Cameron *Address,* 1039 N. Broadway

J. D. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

175 27 Brown

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 27769 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Pennington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Febuary 3

Undertaker, J. B. Cook

Place of Business,

Chas. J. McHenry M. D.
Medical Attendant.

Address, 27 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore.

Permit No. 9770 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, February 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Wiphin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 18 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XIX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 719 S Bond St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Since Birth

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, February 4/87

Undertaker Michael Funk

Place of Business, 1403 Bank St

James E Donnelly M. D.
Medical Attendant.

Address, 1910 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Rules as below, and to that on the

Health Department, City of Baltimore.

Permit No. 9777 / *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Feb. 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Pannelli

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Genoa Italy

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 21 Wyoming St.

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cem

Date of Burial, Febry 4th 1887

Undertaker, H. Hayden & Son

Place of Business, 1708 & 1710 Canton Ave *Address,* Balto Md. Disp

Master Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 4774 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Nichols

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Cardiac Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Feby 4th 1887

Undertaker, Wm J Gray

Place of Business, 210 Mulberry St *Address,* University Hospital

J P. Nott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Baines, (infant)

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ Thirty Seven Days.

Color, Black *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Little Tyson St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Little Tyson St, 3 6old number, Balt

Cause of Death, { First (Primary,) Pulmonary Congestion
Second (Immediate,) death unexpected.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Edwd H White M. D.
Medical Attendant.

Date of Burial, feb 4th 1887

Undertaker, Maryan# Page

Place of Business, No 9 Mulberry St *Address* 409 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, July 4th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ellsworth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Santo Inez

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, about 1 Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 4th 87

Undertaker, Geo. Rinehart

Place of Business, Health Dept

Thos. J Ware M. D.
Medical Attendant.

Address, No 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 9775 *Office of Registrar of Vital Statistics.* Ward 8 D 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 3 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Vedity

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 18 *Years,* 4 *Months,* 19 *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 804 E Madison

Cause of Death, First (Primary), Enteric Fever complicated

Second (Immediate), by Confirms Pneumonia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th

Undertaker, Geo Schilling

Place of Business, Fish and Eyster

D. V. Mosse M. D.
Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 97776 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, Feb 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Warren

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 70

Place of Death, {Give Street and Number.} No 343 N Calvert St

Cause of Death, First (Primary), Cardiac Disease

Second (Immediate), Heart Clot

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 5th

Undertaker, Eo Schilling

Place of Business, 4th Cor Eutaw

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 9777 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary),

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Evangel cem

Date of Burial, Feb 6 1887

Undertaker, H. C. Sander & Son

Place of Business, 1701 1710 Canton Av

..... *M. D.*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is respectfully directed to the accompanying

Health Department, City of Baltimore.

Permit No. 97778 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 3. February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claus Henry Bruggmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, House Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brunsbüttel, Hamburg, Germany

Duration of Residence in the City of Baltimore, 31 years'

Place of Death, {Give Street and Number.} Monmonier's Court 200 E.

Cause of Death, First (Primary), Rheumatismus Chronicus

Second (Immediate),

Duration of Last Sickness, 4 years'

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Feb 6 1887

Undertaker, H. Sander & Sons

Place of Business, 1708 1710 Eastern Av

William Henkel M. D.
Medical Attendant.

Address, S. Wolfort 318

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9779 *Office of Registrar of Vital Statistics.* Ward 6 et

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, February 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years. Months. Two (2) Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 817 North Wolfe Street

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, M. E. cemetery

Date of Burial, Feb 4 1887

Undertaker, H. Sanders Son

Place of Business, 1708 1710 Canton ave

Wm C. Chambers M. D.
Medical Attendant.

Address, No 41 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 97780 *Office of Registrar of Vital Statistics.* Ward 16 Ct

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death. February 4th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Schulz

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Years, 11 Months, Days,

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth} Washington D.C.

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} N. E. Corner Hanburg & Sharp St.

Cause of Death, First (Primary), Cold

Second (Immediate) Dysentery

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial. Western Cem

Date of Burial. Feby 6th 1887

Geo. H. Bunting M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 114 Hanover St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9778 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1887

C

CERTIFICATE OF DEATH.

Date of Death, February 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reginald McKean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Carroll St # 21

Cause of Death, First (Primary),

Second (Immediate), Mal-Nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 5

Undertaker, J B Cook

Place of Business, 1003 W Baltimore *Address,*

L G Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 27782 — *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 2 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* 5 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give Street and Number.} 320 Old. William St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Several Mos. -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, February 6

Undertaker, B. Myers

Place of Business, 113 West St *Address,* 9 E. Montgomery

Geo. A. Staines M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97783 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 4 1887

CERTIFICATE OF DEATH.

Date of Death, February 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Augustus Musele

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~ Years, 4 Months, 25 Days.

Color, Col

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 913 Shuter St.

Cause of Death, First (Primary) Indigestion.

Second (Immediate), Convulsions (G

Duration of Last Sickness, about 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 4th 1887

Undertaker, H. A. Lemmon

Place of Business, 157 East St

John H. Cowan M. D.
N.E. Dept
Medical Attendant.

Address, 1224 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 97784 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Morris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} old 163 Bank st

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cem.

Date of Burial, 4 Feb.

Undertaker, A Mitchell

Place of Business, 188 N High

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97785 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 4 1887

a

CERTIFICATE OF DEATH.

Date of Death, 2d February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hollins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 815 Leadenhall St.

Cause of Death, First (Primary), Congestive Remittent Fever

Second (Immediate), Prostration and diarrhea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 1887

Undertaker, Hercules Ross

Place of Business, 409 Caroline St

L. D. Dyer M. D.

Medical Attendant.

Address, 724 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9776 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
FEB 4 1887
BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Barney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 8 *Months,* ——— *Days.*

Color, Colr

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ~~Washerwoman~~ Sucking

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 38 King St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three ~~Months~~ Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5 1887

Undertaker, Hercules Ross

Place of Business, 404 E. Lombard St. *Address,* Emergency Hospital

J. P. Natt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9778[illegible]7 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 4 1887

a

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Burnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 2 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 237 President st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th 1887

Undertaker, Henry W. Mears

Place of Business, ~~#413~~ E. Fayette St

P. J. Daniel M. D.
Medical Attendant.

Address, 1727 E. Fallon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9778 *Office of Registrar of Vital Statistics.* Ward 10 C

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1887

CERTIFICATE OF DEATH.

Date of Death, 2.4.87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Reinhardt

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 823 Bakers Court

Cause of Death, First (Primary), Diffused Pneumonia

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Potters Woods

Date of Burial, Feby 6th 1887

Undertaker, Ph. Seward

Place of Business, 119 S. Eutaw *Address,* 824 Lexington

Wm H Edmunds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 99789 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie B. Gantt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 744 Rabaday St.

Cause of Death, First (Primary), Capillary Bronchitis,

Second (Immediate), General Prostration

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial Feb 5th 1887

Undertaker, S W Chase

Place of Business, 641 S. Howard St

C. H. Hoffman M. D.
Medical Attendant.

Address, 702 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 97790 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT. FEB 5 1887 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Gregory Hays

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } V

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 40 Pleasant Street

Cause of Death, First, (Primary,) Pericyphlitis

Second, (Immediate,) Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Gr E Enstmount

Date of Burial, Feb 5th 1887

Undertaker, Henry Ensor & Sons

Place of Business, Park & Saratoga

Adolph Ponde M. D., Medical Attendant.

Address, 148 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 9991 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT FEB 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2d Feb 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Attacke & Mary Dyer Immanuela

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* *Months,* 3 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —— S

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 404 Federal St. Balto

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give Street and Number.} 404 Federal St.

Cause of Death, First (Primary), Premature birth at

Second (Immediate), 6 months. of Illness - Debility

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery Cathedral

Date of Burial, Feb 6th 1887

Undertaker, Henry H. Myers

Place of Business, #413 E Fayette St *Address,* Charles Carlton St

Wm Scarff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 97792 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1897

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. F. McIlvain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 7 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 20 E. Centre St

Cause of Death, First (Primary), Enteritis dependant upon Liver Atrophy

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Feby 6th 1897

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

W. F. Krug M. D.
Medical Attendant.

Address, 305 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o

Health Department, City of Baltimore.

Permit No. 97793

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Feby 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hallamy Sr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give Street and Number.} 101 S. Caroline St

Cause of Death, First (Primary), Senility

Second (Immediate), ———

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Feb 7th 1887

Undertaker, J. Finkelston

Place of Business, 915 N. Gay St

O'Connor M. D.

Medical Attendant

Address, Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the

Health Department, City of Baltimore

Permit No. 97794

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 5 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hollenyer

Sex, Male or Female, {Cross out the word not required in this line.} F. (Hallanyer)

Age, 18 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation, Vest-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N.W. Madison & Dallas

Cause of Death, First (Primary), Confinement

Second (Immediate), Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lo. A. Interments Cem

Date of Burial, Feb 6th 1887

Undertaker, A. Tinkelston

Place of Business, 915 E. Fay St *Address,* H. L. Reynolds M. D.

Medical Attendant.

722 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 99795 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 4. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Petrina Hypril.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 39. *Years,* + *Months,* + *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 413 S. Collington Ave

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Paralysis & Asthenia.

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 5 1887 (Medical Attendant.) A. V. Gosnell M. D.

Undertaker, John Kennedy

Place of Business, 382 Orleans Address 433 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases.

Health Department, City of Baltimore.

Permit No. 9796 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerry Roechlitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 121 N Washington St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer.

Date of Burial, Feby 6/87.

Undertaker, Frank Brack.

Place of Business, 827 N. Durham St.

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 97797 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon[illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H. J. DEPARTMENT, FEB 5 1887

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mosed Negret

Sex, Male or Female, { Cross out the word not required in this line. } ..... *Days,*

Age, 6 14 *Years,* ..... *Months,* .....

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } None

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } 203 N Caroy st

Cause of Death, { First, (Primary.) General Senile decay

Second, (Immediate.) .....

Duration of Last Sickness, indefinite

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Conyngham Ct Feb 6th 1887 } Belvidere Caleb Winslow M. D., Medical Attendant.

Date of Burial. .....

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore } *Address,* 237 N Gulton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 97798 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1897 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 5 '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H Buchholz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Heinrich) Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 902 N. Mount St

Cause of Death, First (Primary), Softening of Brain, duration

Second (Immediate), Bed-sores & subsequent Sep-

Duration of Last Sickness, 3 years (Septic 3 weeks).

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 7/87

Undertaker, Denny & Mitchell

Place of Business, 580 W Fayette

Thomas Opie M. D.
Medical Attendant.

Address, 600 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore

Permit No. 97799 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hoffner Jr

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Contractor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

V

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 800 E. Preston St

Cause of Death, First (Primary), Acute Bright's Disease

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 7/87

Undertaker, Lemmon Mitchell

Place of Business, 630 N Gaylor

Wm B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Rack of this Certificate.

Health Department, City of Baltimore.

Permit No. 9760 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 2 / 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Chester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City / 22 —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1503 Jones

Cause of Death, First (Primary), typhoid fever

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 "1887

Undertaker, H. Ross

Place of Business, Courtney & R

Robt Ellis M. D.
Medical Attendant.

Address, 910 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Health Department, City of Baltimore.

Permit No. 9180 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Reisett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, X *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 1102 Peach Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia & Dysentery

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, February 7

Undertaker, B. Hart

Place of Business, 119 West Pratt

Theron Ertle M. D.
Medical Attendant.

Address, 578 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 97802 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Streett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 2 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 1802 Aisquith St.

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Feb 6. 1887.

Undertaker, Wm. H. Dickman

Place of Business, 234 N. Gay St. *Address,*

Jno Brooke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the ... of this Certificate.

Health Department, City of Baltimore.

Permit No. 9780 3 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE FEB 6 1887

CERTIFICATE OF DEATH.

Date of Death, February 4th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Archer Archer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, One *Years,* Eight *Months,* ~~*Days.*~~

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lynchburg Va

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give Street and Number.} 1523 Le Vine Street

Cause of Death, First (Primary), Dentition

Second (Immediate), Spasms

Duration of Last Sickness, All it Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 17 Feb 6th 87

Undertaker, W.N. Dunnigel

Place of Business,

James H Steward M. D.

~~*Medical Attendant.*~~

Address, Camp & R R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Seward M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97804 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1887 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edwards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* ✓ *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give Street and Number.} # 1630 Baker St near Mount

Cause of Death, First (Primary), Valvular Heard Disease

Second (Immediate), General Anasarca Hemorage & Effusion [illegible]

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, Feby 7th 1887

Undertaker, J E Mongan & Co

Place of Business, 1408 Penn Ave

J W J Englar M. D.
Medical Attendant.

Address, 130 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97805 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1887 BALTIMORE

Date of Death, Feb. 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Neubeck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 8 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 67 S. Durham St. (old no.)

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb. 6th 87

Undertaker, G. F. Lane

Place of Business, Lane & Wolff *Address,* 1835 E. Balto. St.

E. P. Lons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97804 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday February 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William K. Kraft

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

~~*Age,*~~ ~~*Years,*~~ 10 Hours old ~~*Months,*~~ ~~*Days*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 91 North Schroeder

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 6 1887

Undertaker, M Cadogan

Place of Business, 22 N Gilmor St

L. D. Morris *M. D.*
Medical Attendant.

Address, 1209 N. Grayston Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9780? *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] James & Mary Burns (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1027 Hollins St

Cause of Death, First (Primary), Asphyxia at birth

Second (Immediate), Breathed a few times

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry St *Address,* 901 Edmondson Ave

J H Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9?808 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the prese[illegible] *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1887 William Thomas

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 12 years —

Place of Death, {Give Street and Number.} 1502 Johnson st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 days —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Feb 7. 1887

Undertaker, Hare

Place of Business, 115 West St *Address,* 109 Fort av

O. A. Cooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97809 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Feby 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia H. Helseman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 177 Eutaw St

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Hemiplegia

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 19th 1887

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

S. W. Flower M. D.
Medical Attendant.

Eutaw & Caroline Sts
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97810 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 7 1887

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 5. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Lee Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 96 Richmond St (2d no.) cor Harwood

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 7th

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave *Address,* 922 Madison ave

G Lane Tanyhill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27811 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 7 1887

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Dautrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 418 N. Canal St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Last Day Repeatedly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 8th Feb 1887

Undertaker, Henry Holman

Place of Business, 63 N. Eden St

C. W. Bloch M. D.
Medical Attendant.

Address, Cor Fairmount & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97812 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Delehus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 52 *Years,* 1 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 1104 E. Preston St

Cause of Death, First (Primary), Chronic Laryngitis

Second (Immediate),

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 8th 96

Undertaker, Geo Schilling

Place of Business, 25 N Carey St

M. B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 97813 *Office of Registrar of Vital Statistics.* Ward 25th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johns Henry Brown,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give Street and Number.} 226 (old no) Ethel St.

Cause of Death, First (Primary), acute Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver Cemetery

Date of Burial, Feb 8

Undertaker, John H Owens

Place of Business, 502 Pearl St

W. Rickert, M. D.
Medical Attendant.

Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention ... this Certificate.

Health Department, City of Baltimore.

Permit No. 97814 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1887

a

CERTIFICATE OF DEATH.

Date of Death, Feby 5. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* 16 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Paper Hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give Street and Number.} 521 Hanover st

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Rheumatic Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feby. 8/87

Undertaker, W. A. Bayer & Co. 46 W. Wetherall M. D.

Medical Attendant.

Place of Business, 74 E Broadway *Address,* 106 Bower

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7785 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

D

Date of Death, February 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Sorrell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 860 E. Lombard St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7 1887

Undertaker, H. Cullen & Sons

Place of Business, 75 E. Baltimore St

Chas. L. Andrews M. D.

Medical Attendant.

Address, Cor. Columbia & Fremont Aves.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9716 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 7 1887
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 5th February 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Shine

Sex, Male or Female, {Cross out the word not required in this line.} Female Twine

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Prince-George Co

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 229 Hamburg St

Cause of Death, First (Primary), Malarial-Fever

Second (Immediate), Subcerular-Laryngitis

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Feb 7 1887

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* 224 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9781 7 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT
FEB 7 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Cropper col.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ky Kentucky

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 21 Hugh Alley

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th 1887

Undertaker, William Dunyee

Place of Business, 150 East St

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97818 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE DURING FEB 7 1887 MD

B

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* 1 *Months,* 10 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailoring

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 1009 Glanby st

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 7th 1887

Undertaker, Fred Gaede

Place of Business, 1098 E. Caroline *Address,* C/O E. Pacard,

A. L. Buddenbrock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97819 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 6/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Reardon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 84 Towsontown Ave Pl.

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 8th

Undertaker, J Thayer

Place of Business, 42 E Monument

R W Mansfield M. D.
Medical Attendant.

Address. 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97829 *Office of Registrar of Vital Statistics.* **Ward** 20/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Cabaniss.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, all her Life,

Place of Death, {Give Street and Number.} 1st. S. Register St.

Cause of Death, First (Primary), Ovarian Fibroid Tumor.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th

Undertaker, John E. Grace

Place of Business, 313 S. Caroline St. *Address,* 662 W. Lexington St.

John A. Reed M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9782 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH. B

Date of Death, Feb 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Brackett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1212 S Paca St

Cause of Death, First (Primary), unknown

Second (Immediate), Spasms

Duration of Last Sickness, about 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Feby 7/87

Undertaker, Geo E Brown } Frank J. Flannery M. D.

Place of Business, Health Office } Coroner

Address, 1701 E Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 1887 BALTIMORE MD.

Permit No. 97822 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the execution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza and Louis Edwards (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 13 N Castle st

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 7th 1887

Undertaker, C J Butler

Place of Business, 510 N Caroline

J Mus[illegible] M. D.

~~Medical Attendant~~

Address, Cor N & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 47823 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen A Owens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} New no 934 N Bond St

Cause of Death, First (Primary), Dementia Paralitica Exposure

Second (Immediate), Pneumonia -

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J F Martinet

Date of Burial, Feb 8th 1887

Undertaker, Wm E Fry ..... M. D.
Medical Attendant.

Place of Business, 221 N Broadway *Address,* 1429 Delaware

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97824 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, 25 days

Place of Death, {Give Street and Number.} 943 N. Broadway

Cause of Death, First (Primary), Meningitis

Second (Immediate), Eclampsia

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 8th 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9785 *Office of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7 — 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Goldstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give Street and Number.} 1157 Low St,

Cause of Death, First (Primary), Diphtheria & Measles

Second (Immediate), Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Hebrew Cemetery

Date of Burial, Monday Feb 7th

Undertaker, Evans & Glence

Place of Business, 1000 E. Baltimore

F. L. Lloyd M. D.
Medical Attendant.

Address, 14 So Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17826 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Alexander

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1st Little Sisters Poor

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 7 '87

Undertaker, Mc Blair & Carey

Place of Business, Eutaw and

Geo Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9784 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry N. Bishop

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 1704 Eastern av

Cause of Death, First (Primary),

Second (Immediate), Croup (Diphtheritic)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, February 7th 1887

Undertaker, H. Sander & Son

Place of Business, 1706 1710 Eastern Av *Address,* # 709 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97828 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization - Apnoea.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb 8. 1887

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker, John Masterson

Place of Business, Division St. *Address,* Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9784 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Zahler.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum

Cause of Death, First (Primary), ~~Marasmus~~ Cancrum Oris.

Second (Immediate), Exhaustion

Duration of Last Sickness, 90 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Feb. 8. 1887

Undertaker, John Marburg

Place of Business, Division St. *Address,* Harlem av. Calhoun st.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Rebecca M. Clem

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, { Give street and number. } Woman's Hospital, Townsend &

Cause of Death, First (Primary,) As cy & Ovarian Dropsy

Second (Immediate,) Ovariotomy

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Cheltenham Pa. W. T. Howard M.

Date of Burial, Feby 9th 87 Medical Attenda

Undertaker, Samuel Allen *Address* 804 Penn. Ave

Place of Business, 35 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to fur within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certif setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1829 Penn

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9983 / *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 10 Durst Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasms

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 7th /87

Undertaker, H. A. Lange

Place of Business, 157 East St

L. D. Norris M. D.
Medical Attendant.

Address, 1209 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97832 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Herbst

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 222 S. Caroline

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, a few hours only

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, February

Undertaker, W. Bippus

Place of Business, 151 E. Bond St. *Address,* 129 S. Broadway

Wm. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97833 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, ~~Sept.~~ Feb 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Samuels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Button hole Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 822 W ~~Balt~~ Lombard St

Cause of Death, First (Primary), —

Second (Immediate), Softening of the Brain

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Congregation cem Belair Road

Date of Burial, Feb 8th 1887

Undertaker, J. D. Sondheim

Place of Business, 120 N. Greene St. *Address,* 118 Reed St

Theodore Cronkhite M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] cases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9783 4 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 5. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Stork

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give Street and Number.} 1332 N. Fulton Ave.

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stull Pond Run Cy Md

Date of Burial, Feb 8th 1887

Undertaker, Denny Mitchell

Place of Business, 530 W. Fayette St *Address,* 1019 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4531 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7835 *Office of Registrar of Vital Statistics.* Ward 3d

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death mentioned, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Carey Hand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1424 E. Fayette St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac failure,

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 8th 1887

Undertaker, Fred Goede

Place of Business, 100 S. Caroline *Address,* 200 E. Balto St.

C. C. Kluk *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Specia ...e ...his Certificate.

Health Department, City of Baltimore.

Permit No. 97836 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 7, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy M. Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 505 Saratoga St

Cause of Death, First (Primary),

Second (Immediate), Carcinoma

Duration of Last Sickness, 16 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Onancock, Va

Date of Burial, Feb 8/87

Undertaker, Thos Bottel

Place of Business, 574 W. Balto St *Address,* 763 W Baltimore St

C. Mc[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

453 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97837 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St Josephs Hospl

Cause of Death, First (Primary), Tubercular Lung Disease (Consumption)

Second (Immediate), Hemorrhage

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, E. Pul. Cemetery

Date of Burial, Feb 8th 1887

Undertaker, Geo. Ritchie

Place of Business, Health Office *Address,*

I. W. Brand M. D.
Medical Attendant and Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97838 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lara A. Dennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 219 Durham St.

Cause of Death, First (Primary), Destitution

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1887

Undertaker, W. H. Dungen

Place of Business, 150 East St

John Ayd M. D.
Medical Attendant.

Address, 1937 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97837 *Office of Registrar of Vital Statistics.* Ward 19 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 5 Feb. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cynthia E. Beck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1611 Lansdale

Cause of Death, First (Primary), Gastritis, Enlargement of Liver, & diarrhoea

Second (Immediate), a severe cold

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 5th 1887.

Undertaker, H. Louis Schaefer

Place of Business, 316 N. Fremont St. *Address,* 1402 W. Fayette St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 5. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hammerstaffer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1406 Carroll St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Heart Failure

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 8

Henry Chandlee M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 1003 W Baltimore

Address, 1019 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9781 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mrs. Anna Cuck Feb. 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. E. Anna Cuck

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 930 Milton Place, (George St.)

Cause of Death, First (Primary), Epithelioma of Cervix Uteri

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb 9

Undertaker, J B Cook

Place of Business, 1003 W Baltimore

J. D. Norris M. D.
Medical Attendant.

Address, 1209 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

... register of all 9784½

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9784½ *Office of Registrar of Vital Statistics.* Ward 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 8 1887

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Black

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 + *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~New York~~ Ireland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 424 N. Biddle St

Cause of death, First, (Primary,) Acute Hepatitis

Second, (Immediate,) Heart failure

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 9 1887

Undertaker, Fritsch & Kilgand

Place of Business, 1006 Druid Hill Ave

H. J. Cotgrove M. D.,
Medical Attendant.

Address, 416 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 27843 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
FEB 8 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 6. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Fischer,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} (On) 193 E. Eager St.

Cause of Death, First (Primary),

Second (Immediate), Tubercular Meningitis.

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Feb 9. 1887

Undertaker, Henry Hoen

Place of Business, 1223 Park Ave

George A Kohé, M. D.
Medical Attendant.

Address, 611 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9784 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 7th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Beatty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co., Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No. 2049 Bank St

Cause of Death, First (Primary),

Second (Immediate), Debility

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 9th 87

Undertaker, G. Brance

Place of Business, Jones & Wolfinger *Address,* 111 S Broadway

D. J. Gaddy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97845 *Office of Registrar of Vital Statistics.* Ward 4 CT

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 6/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fletch.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, HWK.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 1401 Holland St.

Cause of Death, First (Primary), Bronchitis.

Second (Immediate), Second attack.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 8 '87

Undertaker, G. Franz

Place of Business, 9 Banks & Wolfe Sts.

D. M. Jones M. D.
Medical Attendant.

Address, 224 E. Livett St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to Rules [illegible]

Health Department, City of Baltimore.

Permit No. 9 7846 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE

74

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 weeks *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give Street and Number.} A S C. H. Nursery & Childs Hosp

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 8

Undertaker, C H Blizzard

Place of Business, 1139 Pen ave

T. A. Ashby *M. D.*

Medical Attendant.

Address, 1125 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9784 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1887

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 1/2 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Life~~ Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} A & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Arthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 8

Undertaker, C H B Lippard

Place of Business, 1139 Park Ave

F. A. Ashby M. D.
Medical Attendant.

Address, 1125 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97848 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT FEB 8 1887 BALTIMORE MD.

14

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Rigney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2½ *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. Hospital

Cause of Death, First (Primary), Mal-nutrition

Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Feb 8

Undertaker, C. H. Blizzard

Place of Business, 1139 Bank ave *Address,* 1125 Madison ave

T. A. Ashby M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9784 9 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Westminster Carroll Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} No 4 Honey Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Valvular Disease of Heart

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mark st Cem

Date of Burial, Feb 9th 1887

Undertaker, J.W. Chase

Place of Business, Howard st

Benj F Bohrer M. D.
Medical Attendant.

Address. Cor Mulberry & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9785 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Yoyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Train Despatcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co, Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 1209 Johnson St

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Fredrick City Md

Date of Burial, Feb 9th 87

Undertaker, Daniel Flynn

Place of Business, 42 E. West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 1019 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4534 Evans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27851 *Office of Registrar of Vital Statistics.* Ward 2 9

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jafreinski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} old No. 277 S. Ann St

Cause of Death, First (Primary),

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem.

Date of Burial, February 8 87

Undertaker, Felix Breskowski

Place of Business, 258 E. Balto

John H. Rehberger M. D.
Medical Attendant.

Address, 1709 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9785[illegible] *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 7th February '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Debame Bivens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} MD Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 211 Montgomery Alley

Cause of Death, First (Primary), ...

Second (Immediate), Clonic Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, Feb 8th 1887

Undertaker, Samuel Grason

Place of Business, 64 S Frank

H. D. Geo M. D.
Medical Attendant.

Address, 224 Hill Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
FEB
BALTIMORE, MD

Permit No. 9785 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Floyd

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cooks

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 81 Lednum Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, [redacted] *Address,*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9785 4

Office of Registrar of Vital Statistics,

Ward 6 a 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

FEB 8 1887

BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, Feb 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Coleman

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} # 143 N Eaden St (Old number)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8 1887

Undertaker, Alex Hunsley

Place of Business, 561 Orchard

Samil D Powell M. D.
Medical Attendant.

Address, # 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 97855 *Office of Registrar of Vital Statistics.* Ward 7 C 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Arnold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1008 E. Chase st

Cause of Death, First (Primary), Tetanus Infantum

Second (Immediate),

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, North Point Road near Phila. Road

Date of Burial, Feb 8th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmt Ave

Edwin B. Henby, M. D.
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 97856 *Office of Registrar of Vital Statistics.* Ward 13 2

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Daly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Feby 8 87

Undertaker, G. E. Brown

Place of Business, Health Office *Address,* University Hospital

J. P. Nott *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Take Special Attention ...

Health Department, City of Baltimore.

Permit No. 27857 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace a White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months.* *Days*

Color, Ber

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 620 Stockton al

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart failure

Duration of Last Sickness, 7 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8 & 1887

Undertaker, William Dinges

Place of Business, 156 East St

J. M. Hundley M. D.
Medical Attendant.

Address, 1002 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 97858 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel J Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1304 Scott St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Government Lot

Date of Burial, Feby 9th 1887

Undertaker, Wm J Tickner

Place of Business, 221 Eutaw St *Address,* 131 Columbia Ave

Geo R Graham *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97859 *Office of Registrar of Vital Statistics.* Ward 1 11

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Febry 6/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Boehm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1836 Eastern av.

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Ev Evangelical Cem.

Date of Burial, Feb. 9 1887

Undertaker, H. Saunders Son

Place of Business, 1710 Eastern Ave. *Address,* 129 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97860 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cooney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 142 Chesapeake St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Peritonitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feby. 7/87

Undertaker, W. A. Sayer Atty.

Place of Business, 229 S. Broadway *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9786 | *Office of Registrar of Vital Statistics.* | Ward 13½

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Lyons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - 30 years

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Cardiac asthenia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 9

Undertaker, J B Cook

Place of Business, 1003 W Balto

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97862

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97862 *Office of Registrar of Vital Statistics,* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 8 1887
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mulcahy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #5 N Gilmore St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, Feb 9th 87

Undertaker, Jos B Cook

Place of Business, 20 Balto St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

L. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 97863

Office of Registrar of Vital Statistics.

Ward 34 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 7 '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Pitsenbarger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 226 S. Bethel

Cause of Death, First (Primary), Peritonitis — Chronic Dilitation

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Feb 9 '87

Undertaker, John E Grace

Place of Business, 328 S Caroline St *Address,* 4 S Bond St

Geo L Austin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4535 Female

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ~~Certificate~~

Health Department, City of Baltimore.

Permit No. 7786 4 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A J Mary J Schauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ½ hour ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 512 Fulton Ave (131 mm)

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, Feb 8th 1887

Undertaker, Louis Schauer

Place of Business, Fulton ave

Ira L Tetterhill M. D.
Medical Attendant.

Address, 1419 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9786 5 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kovak

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Just - Little Leiber's Pa

Cause of Death, First (Primary), -

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 9th 87

Undertaker, Mrs Blob Kamp

Place of Business, E. Lombard

Jno Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the List of Diseases on Back.

Health Department, City of Baltimore.

FEB 9 1887

Permit No. 9866 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 6, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida L. Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, fifteen years

Place of Death, {Give Street and Number.} 1722 E. Baltimore St.

Cause of Death, First (Primary), Bilious Colic

Second (Immediate), Peritonitis

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 9th 1887

Undertaker, John Keerney

Place of Business, 982 Orleans

Jos. W. White, M. D.
Medical Attendant.

Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9786 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT FEB 9 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Wallace

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1225 Division St.

Cause of Death, First (Primary), Old age

Second (Immediate), Asthenia

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, February 9 1887

Undertaker, Morgan & Pyle

Place of Business, 169 Mulberry St *Address,* 639 Franklin

D. G. Miller, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9786 8 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Ann Wheatley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 73 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No 2041 Bank st

Cause of Death, First (Primary), Brain, Softening

Second (Immediate), Paralysis

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb. 9th 87

Undertaker, G. Trance

Place of Business, Bank & Wolfe sts *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4536 Crane

The Special Attention of Physicians is Respectfully Invited to the Remarks below, And to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 9 1887

Permit No. 27869 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7 1887 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernestine Loffie —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known —

Occupation, Seaman —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine.

Duration of Residence in the City of Baltimore, Not known —

Place of Death, {Give Street and Number.} St Joseph's Steps.

Cause of Death, First (Primary), Tubercular Lung's gray alterations

Second (Immediate), - Asthenia

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Feb 9th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

J. W. Mead M. D.
P. B. Surg. U.S.M.H.S. Medical Attendant.
Address Marine Hospital Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 97870

Office of Registrar of Vital Statistics. Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Louis. Weber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 233 Mulberry St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 1887

Undertaker, Jas. B. Cook

Place of Business, 1003 West Baltimore

M. D. Medical Attendant.

Address, McCulloh & Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 97871

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 7 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Chambers Savage

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 3 *Months,* 24 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, 1 yr 9 mos

Place of Death, {Give Street and Number.} 930 Kincaid Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Country

Date of Burial, Feb 9th 1887

Undertaker, H. A. Dunger

Place of Business, 160 East Balt St *Address,* 87 N Fulton Ave

J. C. Hammen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9787½ *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 7/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 Bruce Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), ——

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Stuart St Cemetery

Date of Burial, Feb 9th 1887

Undertaker, William Dunn

Place of Business, 150 East St *Address,* ——

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 97873 *Office of Registrar of Vital Statistics.* Ward 5-1

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. FEB 9 1887

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ann Warren

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping for Son

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 608 Sterling St

Cause of Death, First (Primary), Colds Congestion of Lungs

Second (Immediate), Feebleness and old age

Duration of Last Sickness, 6 or 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 10th

Undertaker, Geo Schilling

Place of Business, 4th and Lyman

J Ridgway Snider M. D.
Medical Attendant.

Address, 121 E Butler St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9787 — *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT FEB 9 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edgar Codling

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 366 Stricker St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 8/87

Undertaker, Owens & Mitchell

Place of Business, 550 W Fayette

A D Kneass M. D.
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 97875 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Date of Death, Feb 8 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Welch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} Union Protestant Infirmary

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 10th 1887

Undertaker, M Chalmers

Place of Business, Penna Ave

C. Fawcett M. D.
Medical Attendant.

Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 9/876 *Office of Registrar of Vital Statistics* Ward 12 11

HEALTH DEPARTMENT FEB 9 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 8/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melchor Hudschuh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} 538 Union st

Cause of Death, First (Primary), Obscure disease of Brain (Probably Tumor)

Second (Immediate), Paralysis

Duration of Last Sickness, 3 months or more

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feby 10th 1887

Undertaker, Dietrick Weigand

Place of Business, 1006 Druid Hill Ave

Jas E. Gibbons M. D.
Medical Attendant.

Address, 833 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 24877 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 9. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Jesse Lee Warfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* 2 *Months,* 13 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician - (Retired)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sams Creek, Carroll County Md

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give Street and Number.} Liberty Road.

Cause of Death, First (Primary),

Second (Immediate), Uraemia Acute

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Febry. 11th 1887

Undertaker, H. W. Jenkins Sons

Place of Business, Park & Saratoga sts

Wm. F. Chappell M. D.
Medical Attendant.

Address, Eastman & Fricker Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Att

Permit No. 9878 [illegible] Office of Registrar of Vital Statistics. Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1887 (O'Neill)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. James O'Neale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ice business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Glasgow, Scotland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} 1237 Jackson St

Cause of Death, First (Primary), Epithelioma

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 10th 1887

Undertaker, Henry F. Mears

Place of Business, #113 E. Fayette St *Address,* [illegible]

C. C. Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

B

Permit No. 97879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

BOARD OF HEALTH DEPARTMENT FEB 9 1887 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Hughes Manly

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 6 Hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birthplace, { State or country (and town) in the United States, or of foreign birth. } No 132 W Madison St Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 132 W. Madison St Balto Md

Cause of Death, { First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 9th Feby. 1887

{ *Undertaker,* Wm Jenkins & Son

{ *Place of Business,* Park & Saratoga St.

Chas. J. Maguire M. D.

Medical Attendant.

Address Patapsco Ave

Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Health Department, City of Baltimore.

Permit No. 97880 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of such deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS FEB 9 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schafer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 821 Covington St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia with Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feby 10: 1887

Undertaker, H. Sanderford

Place of Business, 1710 Canton Ave *Address,* 1718 [illegible]

Thomas C. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side and to Rule [illegible]

Board of Health, City of Baltimore.

Permit No. 97881 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Daniel Possing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Undertaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 125 Orleans St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Several Months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 10th

Undertaker Chas Possing

Place of Business, 194 E Balt St

Jno. E. Donnelly M. D.
Medical Attendant.

Address, 1701 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 27882 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 9th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Granville S. Wilbur.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} old # 530 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Eclampsia.

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb. 11th 87

Undertaker, C.F. Krauss & Son

Place of Business, 733 Hanover Address, 524. S. Sharp St.

R. J. H. Tull, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9883 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Satchell

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months.* Fifteen *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 65 West St. Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 223 Clay St. (West)

Cause of Death, First (Primary), Struma.

Second (Immediate), Acute Miliary Tuberculosis.

Duration of Last Sickness, about two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11 1887

Undertaker, Hercules Bass

Place of Business, 40 Caroline St. *Address,* 206 W. Franklin St.

Edward E. Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to Rules [illegible]

Health Department, City of Baltimore.

Permit No. 9788 4 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1887 REGISTERED

B

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Derrick or Derrickson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Rag Picker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 532 Elbow Lane

Cause of Death, First (Primary), Probably Rheumatism & Heart Disease

Second (Immediate), Probably Syncope

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10th 1887

Undertaker, Saml M. Chase

Place of Business, 611 S. Howard St

Frank Flannery M. D.
Coroner
Medical Attendant.

Address, 1111 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9885 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Feb 10 '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Medical Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Savannah Ga.

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Croupous Pneumonia

Second (Immediate), Cardiac asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Savannah Ga

Date of Burial, Feb 11

Undertaker, Jos H Bruch

Place of Business, 1003 W Balto St

C H Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4587 Bass

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 7886

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Bowman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* *Days*

Color, blk.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 239 Barnet alley near Lindenau

Cause of Death, First (Primary), meningitis

Second (Immediate),

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10 1887

Undertaker, Alex Shenuby

Place of Business, 561 Orchard

G Lane Donaghue M. D.
Medical Attendant.

Address, 922 madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9887 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb 9th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, — Days.

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 4 Eutaw Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Inanition

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11- 1887

Undertaker, W W Madden

Place of Business, 76 Eutaw St

Address, Paul Ch Hendrix

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97888 *Office of Registrar of Vital Statistics* Ward 17 C

HEALTH DEPARTMENT FEB 10 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liana C. Niemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 349 Sharp St

Cause of Death, { First (Primary), ... Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feb 11 th 1887

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 511 Hanover St

L. C. Brune M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9788 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT BALTIMORE FEB 10 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H Eastman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 3d N Bond St

Cause of Death, First (Primary), Pyaemia Hemorrhagic Ulcer

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hanover Pa

Date of Burial, Feby 11th 1887

Undertaker, J E Hough & Co

Place of Business, 1468 Penna Ave *Address* W. T. Cain, *M. D.*

Medical Attendant.

185 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4538 Frankl

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 97890 *Office of Registrar of Vital Statistics,* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF HEALTH FEB 10 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan R. Murry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 8 Short alley

Cause of Death, {First (Primary),

{Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9th 1887

Undertaker, Th. N. Dungee

Place of Business, 150 East St. *Address,* 439 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Health Department, City of Baltimore.

Permit No. 97891 *Office of Registrar of Vital Statistics.* Ward 11 C

HEALTH DEPARTMENT FEB 10 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feb. 9-87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bradford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 9 *Months,* 25 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Steward

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 727 Lindell Avenue.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, About 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1887

Undertaker Alex Hennely

Place of Business, 561 Orchard St

C. O. Miller. M. D.
Medical Attendant.

Address, 713 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 97894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH RECEIVED FEB 10 1887

CERTIFICATE OF DEATH.

Date of Death, February 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Corson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, Dark Chestnut *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dorchester County Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 839 Stockholm Street

Cause of Death, First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cem

Date of Burial, Feb 13th 87

John T. Brown M. D.
Medical Attendant.

Undertaker, Sorrell Handy

Place of Business, 198 West St

Address 26 Old Town Rd

113 Montgomery St city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 97893 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Phillips

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty (40) *Years,* One *Months,* Eight (8) *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and Number.} 318 N. Fulton Ave

Cause of Death, First (Primary), Valvular disease of Heart.

Second (Immediate), Oedema

Duration of Last Sickness, Two months

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 11-87

Undertaker Jos B Cook

Place of Business, 1003 W. Balto St *Address,* 905 N. Stricker St

William M Barnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 97894

Office of Registrar of Vital Statistics.

Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Feby 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Margaret Reinhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 04 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 3 Years

Place of Death, {Give Street and Number.} 3141 Ellwood

Cause of Death, First (Primary),

Second (Immediate), Paralysis of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feby 12th 87

Undertaker, [illegible]

Place of Business, 265 Hillsdale *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Extract from Regulations of the Board of Health.

Health Department, City of Baltimore.

Permit No. 77895 *Office of Registrar of Vital Statistics.* Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1887

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W B Annis Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1621 N Gilmor st

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Asthma.

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, Feb 12th 1887

Undertaker, Jos B Cook

Place of Business, No 1003 W Baltimore St

Geo W Annis M. D.
Medical Attendant.

Address, 1321 Pleasant st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the following

Health Department, City of Baltimore.

Permit No. 9 1896

Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC FEB 11

CERTIFICATE OF DEATH.

a

Date of Death, Feb. 9, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Estelle Burman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 6 Months, 21 Days.

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

~~Birth~~ Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1135 Hollins St

Cause of Death, First (Primary), Croup

Second (Immediate), Inflammation of the Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Feb 11th 1887

Undertaker, Wm B Cook

Place of Business, 1003 W Baltimore St *Address,*

L. G. McGuinness M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9789 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB

a

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brouner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months,* — *Days*

Color, African

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 53 Rutter St., alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Md

Date of Burial, Feb 11. 1887

Undertaker, Abey Hemsley

Place of Business, 561 Orchard st

W. A. B. Gillman M. D.
Medical Attendant.

Address, 5 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the following

Health Department, City of Baltimore.

Ward 14 7

Permit No. 97898 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the prosecutation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, White Months, Ten Days

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baltd

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 72 S. Sharp St

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ Bank

Date of Burial, Feb 11th 1897

Undertaker, J. B. Cook

Place of Business, Balto

John Neff M. D.
Medical Attendant

Address, 326 W Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 97899 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 11 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E Lankford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 1242 - Johnson st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetry

Date of Burial, Feb. 13th

Undertaker, B. Harle

Place of Business, No 82 West st

Theodore Bates M. D.
Medical Attendant.

Address, 712 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 97900 *Office of Registrar of Vital Statistics.* Ward 6 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 11 1887

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant — Javers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Adeline Javers & James Young) Race

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 49 N Spring Street

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, about 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 11th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 2408 N Broadway

E. Hall Rullodge M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of [illegible] is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 27901 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 11 1887

D

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. B. Johnson Merikin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Police Officer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Pa

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give Street and Number.} Windsor Hotel Calvert St

Cause of Death, First (Primary),

Second (Immediate), Supposed fracture of base of skull, from a fall down stairs

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Glencoe Balto Co

Date of Burial, Feb 12th 1887

Undertaker, Hellenkamp & Sons

Place of Business, Park & Saratoga

Thos. H. Latimer M. D.
Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 97902 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1887

a

CERTIFICATE OF DEATH.

Date of Death, February 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wellbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* 5 *Days.* 1

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Germany

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} 2118 Cambridge St. (canton)

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls cem

Date of Burial, Feb. 13th 1887

Undertaker, Geo. Sander & Son

Place of Business, 1708 & 1710 Eastern Ave

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 99903 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 11 1887
BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 9 1887 (Stumpfhuer)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stumpfhuer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 10 *Months,* 18 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give Street and Number.} 530 S. Bond St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, Feb. 11th 1887

Undertaker, Jno. Sauder & Son

Place of Business, 1708. 1710 Canton Ave *Address,*

A. D. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 47914 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1887

CERTIFICATE OF DEATH.

a

Date of Death, February 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Wyatt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* One *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A. Balto

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} No 4 W. High st

Cause of Death, First (Primary), Stomatitis

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 11th 87

Undertaker, J. Ahrens & Co

Place of Business, 626 W. Balto St.

J Edmunds M. D.

Medical Attendant

Address, Light & Eager sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 17905 *Office of Registrar of Vital Statistics.* Ward 17 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE FEB 11 1887

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Wenger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1712 Byrd st

Cause of Death, First (Primary),

Second (Immediate), Insanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 11th 1887

Undertaker, B Hearle

Place of Business,

James H Hunter M. D.

~~Medical Attendant.~~

Address, Cruger & Dr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry M McKeown Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 97906 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 11 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Holland,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Music Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 177 W. Fayette St.

Cause of Death, First (Primary), Bright's Albuminuria,

Second (Immediate), Coma

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 12th 1887

Undertaker, Dudley & Mitchell

Place of Business, 550 W Fayette St

C. C. Jones M. D.
Medical Attendant.

Address 158 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 9790 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 11 1897
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 2 A. M. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wong Fung

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days,*

Color, Chinese

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laundry

Birthplace, {State or country, and how long in the United States, if of foreign birth.} China

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and Number.} 848 W. Balto. St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 13/97

Undertaker Denny & Mitchell

Place of Business, 530 W. Fayette

James E Donnelly M. D.
Medical Attendant.

Address, 22 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97908 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feb 10 th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aquilla Larryman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* six *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 1239 E Monument St

Cause of Death, First (Primary), Old age

Second (Immediate), Congestion of the lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14 th

Undertaker, Geo Schilling

Place of Business, 7 & Canal Bypass *Address,* Broadway & the Eldridge

William A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 99909 *Office of Registrar of Vital Statistics* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Tyler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1620 Vincent Alley

Cause of Death, First (Primary), Epistaxis

Second (Immediate), Hemorrhage of Nose

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Feb 11th 87

Undertaker, Wm Chase

Place of Business, 3 Howard St *Address,* Conn Ave & 18 G Mure Stevens M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. H. Roberts Inspector

Health Department, City of Baltimore.

Permit No. 97910 *Office of Registrar of Vital Statistics.* Ward 13 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 11 1887

CERTIFICATE OF DEATH. D

Date of Death, February 10. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hare

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* 14 *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 227 Scott St

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 12th 1887

Undertaker, Th. J. Dill & Son

Place of Business, 746 Columbia

Martin Warfield M. D.
Medical Attendant.

Address, 919 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 97911 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 11 1887

CERTIFICATE OF DEATH.

H

Date of Death, Feb 10th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Brakesman B & O R R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Meningitis (Traumatic) Railroad accident with fracture of skull.

Second (Immediate), Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Preston Harford Co

Date of Burial, Feb 12th 1887

Undertaker, Joseph F Byrne

Place of Business, 59 N Gilbert *Address,* C W Mitchell M. D. Medical Attendant. University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

45240 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 9991 2 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Matilda West

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 503 P Park ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 18 d

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cl

Date of Burial, Feb 12 1887

Undertaker, Kerr Fitch

Place of Business, 529 Central Ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9991 3 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 11 1887

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Wagner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1116 William St.

Cause of Death, {First (Primary),

Second (Immediate), Convulsions.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphons C.

Date of Burial, Feby 13

Undertaker, B Hall

Place of Business, 119 Mott St *Address,* 152 Sharp St

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 97914 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1887

CERTIFICATE OF DEATH.

Date of Death, February 8 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 (About) *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Fractured Skull

Second (Immediate), Compression of Brain

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Feb 11 87

Undertaker, Geo. Ritchart

Place of Business, Health Office

William S. Gardner M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 99915 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Shea

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 517 E. Eager

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Joseph's Cemetery, Ferry Road Co.

Date of Burial, Feb 12th 1889

Undertaker, W. R. Bruns

Place of Business, 1865 E. Eager st

Geo. Burke Bagley M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPT. FEB 12 1887 BALTIMORE MD.

Permit No. 97916 *Office of Registrar of Vital Statistics* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A North

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md,

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 2228 E. Lombard St.

Cause of Death, First (Primary), Phthesis Pulmonalis

Second (Immediate), Haemorrhage from Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 12th

Undertaker, F. W. Troll

Place of Business, 421 Hanover St. *Address,* 1835 E. Balto St.

E. L. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9917 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John ~~Mahr~~ Marr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 8 *Months,* 24 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 28 Patterson Ave

Cause of Death, First (Primary), Cancer of Stomach & Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Febr 13.

Undertaker, Walter Immel

Place of Business, 594 W. Biddle St

W. Rickert M. D.
Medical Attendant.

Address, Penna Ave & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 97918 *Office of Registrar of Vital Statistics.* Ward 17 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1889 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 11th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. August Kiel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 Fifty Five *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give Street and Number.} No. 1721 Point Lane (1721 Nw)

Cause of Death, First (Primary), ...

Second (Immediate), Heart Disease

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 14th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn *Address,* No. 418 N. Broadway

Wm. H. Clendinen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 9909 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT FEB BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby. 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pilet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Silver-plater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila, Pa.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No. 103 Chestnut St.

Cause of Death, First (Primary), Apoplexy (from intemperance)

Second (Immediate),

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 12th

Undertaker, Geo Schilling

Place of Business, Ashland Sq. *Address,* Coroner

Alex. Hill, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o

Health Department, City of Baltimore.

Permit No. 17920 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth A Shipley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give Street and Number.} 1346 N. Carrollton St.

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Gradual exhaustion & old age

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Feb 13 1887

Undertaker, Chas B Cook

Place of Business 1003 W Baltimore St

John N Bff M. D.
Medical Attendant.

Address, 200 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 9792 / *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED FEB 12 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer B & O. R. R. Co at Riverside Station

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give Street and Number.} 664 W. Pratt st.

Cause of Death, First (Primary) Internal Injuries rec'd by being run over or struck by a B&O Car at Riverside Station.
Second (Immediate), Shock.

Duration of Last Sickness, about 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 13th 1887

Undertaker, Wm B Cook

Place of Business 1003 W Baltimore St

Jury decided that it was the result of an accident.

Frank J. Flannery M. D.

Coroner ~~Medical Attendant~~

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9942 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Feby 11/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A Degenhardt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 20 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Jos & Bissler

Cause of Death, First (Primary), p. membran: Croup

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feby 12th 1887

Undertaker, Jesse Hook

Place of Business, Jos B Seebaeth Address, 1123 Valley st

P A Wame M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 97923

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Feb. 10—'87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilkinson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Dark

~~*Married,* *Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland U. S. A.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 772 Dosh Pl.

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12

Undertaker, Sorrell and Handy

Place of Business, 419 Cross St

J. Tyler Smith M. D.
Medical Attendant.

Address, 540 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9792 4 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Haas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 weeks *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 12

Undertaker, C H Blizard

Place of Business, 1139 Penn

D. A. Auby *M. D.*

Medical Attendant.

Address, 1125 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97925 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Lee Boyce

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 4½ *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1214 N. Eden St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 14th 1887

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 9926 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helene Vogel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 2/12 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow,

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 4 2 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 544 Canton Ave

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate),

Duration of Last Sickness, Attended Since Feb 7th 1887

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 13th 1887. Samuel E Dorsett M. D.

Medical Attendant.

Undertaker John Herwig

Place of Business, 882 Orleans *Address,* 1701 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 9792 7 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, February 10th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Johnson

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age. 20 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Married

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 928 Canal St

Cause of Death. First (Primary), Puerperal Eclampsia

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, Feb 13. 1887. James E Donnelly M. D.

Undertaker Wm. H. Hickman Medical Attendant.

Place of Business, 234 E. Gay St. *Address,* 810 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of...

Health Department, City of Baltimore.

Permit No. 97928 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter James Black

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 1703 E Madison

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Feb 13th 1887

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 516 E Madison

Sheridan, Curtis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 9729 *Office of Registrar of Vital Statistics.* Ward 17 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Wengert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, ~~—~~ *Years,* ~~—~~ *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1712 Byrd Street

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 12th 97

Undertaker, B. Hartle

Place of Business, Address, [redacted]

Thos R Lucas M. D.

[redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Thos R Lucas M. D.

Board of Health, City of Baltimore,

Permit No. 9 7 9 3 0 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~No Name~~ A. T. Bryan

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Infant ~~Female~~

Age, ~~Years~~ *Years,* (a few hours) *Months,* *Days,* 18

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 15 argyle av

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,)

Duration of Last Sickness, Lived about 3 hours

All the above Information should be furnished by the Physician.

Place of Burial, Green Mound Cem

Date of Burial, Feb 12 the

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

C. Winslow M. D.,
Medical Attendant.

Address, 23 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 97931 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Maxwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* 16 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} V

Occupation, Box Sawyer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 1701 Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Cancer of stomach

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby. 14. 1887

Undertaker, P. J. Dill & Son

Place of Business, 746 Columbia Av.

Thomas Corlett M. D.
Medical Attendant.

Address, 518 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 97932 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 10" 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Cottman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 48. *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoe Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, (16) Sixteen years.

Place of Death, {Give Street and Number.} 1517 Vine St

Cause of Death, First (Primary), ———

Second (Immediate), Consumption

Duration of Last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 13= 1887

Undertaker, J. H. Orme

Place of Business, Pearl St

James A Steuart M. D.

Comm'r of Health + Registrar

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 97933 *Office of Registrar of Vital Statistics.* Ward 16½

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE FEB 12 1887

CERTIFICATE OF DEATH.

Date of Death, 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alwrta Marcel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 2 1 — 5

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 140 ~~2nd~~ W. Hamburg St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 11th 1887

Undertaker, S. W. Chase

Place of Business, 64 S. Howard

Robt. Edes M. D.
Medical Attendant.

Address, 713 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97934 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. FEB 12 1887

B

CERTIFICATE OF DEATH.

Date of Death, Feb 10, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia M. Laws

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laundress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Old No. 173 York St.

Cause of Death, First (Primary), General nervous debillitation

Second (Immediate), Exhaustion.

Duration of Last Sickness, about two weeks ill.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1887

Undertaker, S. McShane

Place of Business, 198 Howard

J. E. Heard, M. D.
Medical Attendant.

Address, 1610 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17935 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 7th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Worsham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 830 Boyd St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, Feb 13 1887

Undertaker, William Lynch

Place of Business, 150 East St

H. H. Webner M. D.
Medical Attendant.

Address, 814 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4574 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27936 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1887

B

CERTIFICATE OF DEATH.

Date of Death, Febry 11 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Staples

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female.

Age, — *Years,* 8 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} No 122 Granby st (Alley)

Cause of Death, First (Primary), Convulsions (Effect of Teeth)

Second (Immediate), Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Old Schellens

Date of Burial, February 13th

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore *Address,* 12 S Eden

L. O. Spiedmont M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9793 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1887

CERTIFICATE OF DEATH.

Date of Death, February 12th 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 913 McHenry st

Cause of Death, First (Primary), Dyaemia

Second (Immediate), Prostration

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 February

Undertaker, George Heimbach

Place of Business, 647 West Balt. St.

C. A. L. Reddelbug M. D.
Medical Attendant.

Address, 610 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9938 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina Baker

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 851 E. Pratt St

Cause of Death, First (Primary), ...

Second (Immediate), Abscess

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 14th 87

Undertaker, Jno. F. Paulus

Place of Business, 66 Hanover St

R. C. Smith M. D.
Medical Attendant.

Address, 116 E. L. Ave Cor. of Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Specia' Attention of

Health Department, City of Baltimore.

Permit No. 17939 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emiline A Keller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 517 N Charles St

Cause of Death, First (Primary), old age

Second (Immediate), Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 13, 1887

Undertaker, H W Jenkins & Son — *M. D.*

Place of Business, — *Address,* Cen & Pac

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M E Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99140 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knight Kriegshofer

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, stone cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 547 Inc. Machen St

Cause of Death, First (Primary), Apoplexy.

Second (Immediate),

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 13 1887

Undertaker, A. Rosenberger

Place of Business, 61 Park Av *Address,* 126 Mulberry st

Chas Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 1 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9994 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agatha Dryden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 27 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1618 McCulloch

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feby 13th 1887

Undertaker, Stewart Weaver

Place of Business, 35 Park ave

F. E. Shabard Jr. M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1887 at 9 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Mitchell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 54 Stockton alley

Cause of Death { First, (Primary,) Gastric Fever
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 1887

Undertaker, Hercules Ross

Place of Business, 104 Centre St

E. E. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99943 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT FEB 13 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gannan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States if of foreign birth.} Ireland 35 y.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Hetzel Court

Cause of Death, First (Primary), Cancer of face

Second (Immediate),

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 13—

Undertaker, H. C. Wiedefeld

Place of Business, 916 Gramm Ave

Edward P. McBride M. D.
Medical Attendant.

Address, 20 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99944 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas K. Boggett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Brights Disease (Interstitial)

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Philada Road

Date of Burial, Feb 13

Undertaker, Jacob Ahrens & Co

Place of Business, 626 W. Baltimore *Address,* City Hospital

William T. Gordon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99945 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 12th, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenia Wayson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Nov 1729 Lancaster St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, 14th, of Feb.

Undertaker, Fred Gaede

Place of Business, #108 S. Caroline *Address,* 708 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99948 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 12/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give Street and Number.} 1418 Block 21.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Asthenia of the Heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem.

Date of Burial, Feb 14 "87

Undertaker, E. Franz

Place of Business, Bank & Wolfe St. *Address,* 129 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 99947 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Joseph ~~Seifert~~ Seifert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* Nineteen *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 925 Bennett Pl

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feb. 13, 1887

Undertaker, G. France

Place of Business, S.E. Cor Bank & Wolfe Sts

A. S. Warner M. D.
Medical Attendant.

Address, Bank & 2nd Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9948 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, February 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Peterson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 854 S. Bond St.

Cause of Death, First (Primary), Brights disease

Second (Immediate), Malarial fever — Coma

Duration of Last Sickness, about one week (in bed)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb. 13th 87

Undertaker, G. C. France

Place of Business, Jones & Wolfe & Co. *Address,* 4 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9979 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 12/89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Weide

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 709 Hanburg St.

Cause of Death, First (Primary), Syphilitic

Second (Immediate), Collapse from possible rupture

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodsthurp D.C.

Date of Burial, Feb. 14

Undertaker, J. Hart & Co

Place of Business, 115 North St. *Address,* 909 St Charles St.

J. W. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4542 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97950 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

A

Date of Death, Feb 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Parker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} V

Occupation, Oyster S

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Lancaster Co Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 300 Hamburg

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13th 1887

Undertaker, Wm Madden

Place of Business,

Thos A Stem M. D.

~~Medical Attendant~~

Address, Emmitsb & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. E. Roberts Inspector

No. 7795[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7795[illegible] *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilford Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} #46-0 Federal St "City"

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #46 o Federal St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 13th 1887

Undertaker, Chas T Scriven

Place of Business, 911 N Eutaw St *Address,* Cor Caldwell & Female

Geo L. Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7752

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9752 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Feby. 12 — 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Campbell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland — 40 yrs. in U. S.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} Forrest Place

Cause of Death, First (Primary), Asphyxia (suffocation from a

Second (Immediate), Sand bank accidentally fallen upon him

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feby 14th 1887

Undertaker, Chas T. Scriven

Place of Business, 911 N. Eutaw St.

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health, to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

No. 7753

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9753 *Office of Registrar of Vital Statistics,* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 11/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Dippel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 151 So Bond St.

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Uraemic Poisoning

Duration of Last Sickness, Several months, although Dr only attended 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 14 Feb

Undertaker, W. Dippel

Place of Business, 151 S. Bond

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E. Ottman

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 820 S. Paca St.

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 14th 1887

Undertaker, Wm J Tresser

Place of Business, 221 S Eutaw St

Thomas E. Sears M. D.
Medical Attendant.

Address, 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9 / 9 5 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 9 5 5 *Office of Registrar of Vital Statistics.* Ward 1 2 th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine B Stone

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty One 21 *Years,* One *Months,* Thirteen *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 2105 Madison ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 14th 1887

Undertaker, Wm O Weaver

Place of Business, No 738 N Eutaw *Address,* 2102 Madison Ave

H C Pole M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

12 1/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 12, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Hiser

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bucks Co Penna

Duration of Residence in the City of Baltimore, Sixty-five years

Place of Death, {Give street and number.} 2004 Mc Culloh st

Cause of Death, First (Primary,) General debility, old age

Second (Immediate,) Coma Sudden suppression of urine

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 13th 1887 Joseph F Smith M. D

Medical Attendant.

Undertaker, Wm Weaver *Address* 1010 Madison Av

Place of Business, No 738 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7775

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9795 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1882

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Abbot

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 219 E. Lombard

Cause of Death, First (Primary), Cardiac Hypertrophy

Second (Immediate), Endocarditis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Pa

Date of Burial, Feb 14th 1882 *Medical Attendant,* Gideon Dibbert M. D.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.

4533 Transit

No. 1 1 7 5 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

13

Permit No. 97958

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theadore Plate

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 115 South Potts[illegible] St.

Cause of Death, First (Primary), ~~Pneumonia~~

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb[illegible] 14th 1887

Undertaker, F. Weigand

Place of Business, 1006 Druid Hill Ave *Address,* 1209 W. Fayette St.

L. A. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1777

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9795 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, February 13 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 N. Chapel St

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Marasmus

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 14th 1887

Undertaker, William Lunger

Place of Business, 150 East St *Address,* 128 N. Eutaw

Geo F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97960

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97960 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT ... BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester M Williams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 216 East St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 14th 1887

Undertaker, William Munger

Place of Business, 150 East St.

H. A. Sower M. D.,
Medical Attendant.

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27961 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cornelia Dixon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months.* 25 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Butts. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 108 Hollins alley

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, Feb 14th 1887

Undertaker, H. W. Deringer

Place of Business, 150 East St

L. Morris M. D.
Medical Attendant.

Address, 1209 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 97962

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97962 — *Office of Registrar of Vital Statistics.* Ward 19 cc

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1887 CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Ann Elizabeth Litchfield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* 26 *Days*

Color,

~~*Married,*~~ *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annarundel Co.

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, {Give Street and Number.} 1324 N. Strieker St.

Cause of Death, First (Primary),

Second (Immediate), Congestive Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Junction Md R R

Date of Burial, Feb 15

Undertaker, J B Cook

Place of Business, 1003 W Baltimore *Address,* Druid Hill Ave

W. J. Chappell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

45-44

No. 97960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 97963 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *Forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Percy Eugene Tunbull

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days,*

Color,

~~*Married, Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During his life

Place of Death, { Give street and Number. } 1530 Park Avenue

Cause of Death, First, (Primary,) I don't know. He was dea

Second, (Immediate,) when I reached him

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 14 th 1887

Undertaker, Stewart & Howard

Place of Business, 33 Park ave

H. H. C. Wilson M. D., Medical Attendant.

Address, 814 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9796[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9796[illegible] *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 14 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, 13th Feb 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie M Portney (McInherney)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1706 Lemmon St

Cause of Death, First (Primary), General debility from

Second (Immediate) Premature birth (8 months)

Duration of Last Sickness, Mother attended by a Midwife

All the above information should be furnished by the Physician.

Place of Burial, H Rest Cemetery

Date of Burial, Feb 15

Undertaker, J B Cook

Place of Business, 1003 W Baltimore

Edw. J. Mulholland M. D.
Medical Attendant.

Address, 702 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9796 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27965 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Mitchell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bermuda

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 1901 Jefferson Av

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 15th 1887

Undertaker, John Keenan

Place of Business, 282 Orleans

Wm. L. Russell M. D.
Medical Attendant.

Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97966

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97966 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Klimm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} 1109 Chestnut St.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, July 15th 1887

Undertaker, C. Sanders & Son

Place of Business, 1710 Canton Ave

E. Dorsey M. D.
Medical Attendant.

Address, 2826 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

No. 9796?

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9796? *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, FEB - 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Dorschel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 17 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1911 Alice Ann St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Carmel~~ St. Paul's cem

Date of Burial, Feb 15 1887

J. R. Thwood M. D.
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Canton Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9798 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Kenkworth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 160 Fremont St

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feb. 14th 1887

Undertaker H. Geuria Schaefer

Place of Business 316 N. Fremont Ave

Edward R. Hard M. D.
Medical Attendant.

Address, 648 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 97969

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97969 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Tillman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* — *Days.*

Color, Dark

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} 892 Bank St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 16 1887

Undertaker, H. Ross

Place of Business, 4 - 44 Gay St

J. Thos Smith M. D.
Medical Attendant.

Address, 340 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 97970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97970 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Jane Philips

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cor Sharp & Conway St

Cause of Death, First (Primary), Chron membranous Gastro-enteritis

Second (Immediate), " " " " " "

Duration of Last Sickness, about 10 or 12 Years

All the above information should be furnished by the Physician. Confined to bed about 2 weeks

Place of Burial, Mt Carmel

Date of Burial, Feb 15/87

Undertaker, Chas S Fry

Place of Business, 220 W Baltimore *Address,* 1218 Madison Av

B B Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

day of each week.

No. 97971

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97971 *Office of Registrar of Vital Statistics* Ward 12

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily D Dull

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lewisburg Penna 5 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 514 Bloom St

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Death Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Chesapeake City Md

Date of Burial, Febr 14th 1887

Undertaker, F L Lewis Schaefer & Ave

Place of Business, 36 W Fremont *Address,* 2100 Druid Hill Ave

Chas E Sadtler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1345 Fremont

No. 9797

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9797 — *Office of Registrar of Vital Statistics.* — Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mc Cafferty

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1418 Orleans st.

Cause of Death, First (Primary),

Second (Immediate), Cancer in the Breast

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial Bolte Cemetery

Date of Burial, Febry 16th 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S. Broadway *Address,* 1435 Orleans st

D D Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97973

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97973 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* 12 *Days*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, {Give Street and Number.} 410 S. Bethel St.

Cause of Death, First (Primary), Aneurism Abdominal Aorta

Second (Immediate), Rupture of Sac

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's cemetary

Date of Burial, Feb 15th

Frank C. Bruce M. D.
Medical Attendant.

Undertaker, John E. Grace

Place of Business, 313 S. Caroline St *Address,* 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9 7 9 7 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 9 7 4 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hoehn.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 2 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. (36 in U. S.)

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death, {Give Street and Number.} 1220 S. Eutaw St.

Cause of Death, First (Primary), Chronic Albuminuria, Malignant (Acute of Kidney

Second (Immediate), Exhaustion.

Duration of Last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 15th

Undertaker, F. W. Troll

Place of Business, #421 Hanover, *Address,* 152 Sharp St.

R. J. H. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9795

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9795 *Office of Registrar of Vital Statistics.* Ward 12 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1867.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wallace.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, Lawyer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About two weeks

Place of Death, {Give Street and Number.} 1120 Baltimore St.

Cause of Death, First (Primary), Cancer of Bladder.

Second (Immediate), Asthenia.

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb 14th /67

Undertaker, Stanford & Kehoe

Place of Business, 35 Park Av

Alan P. Smith, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ance whether issued. Saturday of each week.

No. 97976

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97976 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Katie & John Brosnan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1/2 Hour *Days.*

Color, White

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1508 Penna Ave

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 14 the

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

James A Steuart M. D.

~~Medical Attendant.~~

Address, Cor Fay & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. C. Roberts Inspector

No. 9797

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9797 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Norman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} N. W. cor. High & Granby sts

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Feb. 15 1887

Undertaker, Wm J. Schaefer

Place of Business, 1050 Aisquith st

John F. Hommerich M. D.
Medical Attendant.

Address, S. W. Cor. Eutaw & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9798

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9798 *Office of Registrar of Vital Statistics* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Febry. 13. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Ann Sommer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster, Penn.a

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} # 822 N. Bond st.

Cause of Death, First (Primary), Paralysis of heart

Second (Immediate),

Duration of Last Sickness, About 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 16 88

Undertaker, H. E. Kroop & Co

Place of Business, 1017 E. Lombard

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 W. Conlin st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9 7 9 7 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97979 *Office of Registrar of* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 15 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Inst. Little Sisters Poor

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feb 15 1887

Undertaker, Wm Blackamp

Place of Business,

Thos Burke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Saturday of each week.

No. 97980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97989 *Office of Registration of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Feby 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella B. Maynard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 1518 E. Chase St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 15th 1887

Undertaker, Henry H. Means

Place of Business, #413 E. Fayette St. *Address,*

Jno. Shaw M. D.
Medical Attendant.
1518 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last ... Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Wroth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Five *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} No. 13 Pleasant St. Balt. Md.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate.) Angina Pectoris & Failure of Heart action

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J. M. Johnson M. D.

Medical Attendant.

Date of Burial, Feb 15th 1887

Undertaker, Henry W. Meads

Place of Business, No 413 E. Fayette St *Address* No 325 St. Paul st Balt Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF [illegible] VITAL STATISTICS.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE, MD

Permit No. 97984

The Physician who attended any person in a last illness is requested, on the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sally J. McLane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* F.

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington, Delaware

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, {Give street and number.} 803 Cathedral St.

Cause of Death, First (Primary,) Parametritis.

Second (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th Feby. 1887

W. T. Howard M. D.
Medical Attendant.

Undertaker, Hatt Jenkins & Sons

Place of Business, Cor Saratoga St. *Address* 804, Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 9 7 9 8 3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 9 8 3 *Office of Registrar of Vital Statistics.* Ward 13 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE MD

77

CERTIFICATE OF DEATH.

Date of Death, Feb 11th '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Grote

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany / five years

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Aortic regurgitation, Cardiac dropsy

Second (Immediate), Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Herlem P. Cemetery

Date of Burial, Feb 14/87

Undertaker, Geo. E. Brown

Place of Business, Penneth Office *Address,* University Hospital

C. K. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...returns of all ... issued Saturday of each ...

No. 9794

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 27984 *Office of Registrar of* ... Ward 5-11

HEALTH DEPARTMENT
FEB 15 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 13 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Little.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Short St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 15th 1887

Undertaker, J. J Locke

Place of Business, 1421 Jefferson *Address,* 725 Fremont Ave

J. H. Robinson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17985

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17985 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Walsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* —— *Months,* —— *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1001 N Dallas c/n

Cause of Death, First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Uraemia

Duration of Last Sickness, One (1) Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 16th

Undertaker, Geo Schilling

Place of Business, 1112 E Monument st

Colored M. D.

Medical Attendant.

Address 1 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

... make returns of all ...

No. 97986

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of the City of Baltimore.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE

Permit No. 97986 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is required to call for the proper blank for this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ... hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Camille Conners

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* 27 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} New No. 29 N. Arm St.

Cause of Death, First (Primary), Chronic Cerebral Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feby. 16 87

Undertaker, M. A. DAIGER, Atty. UNDERTAKER, 229 S. BROADWAY, BALTO.

Place of Business,

E. L. Bons M. D.
Medical Attendant.

Address, 1833 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9798?

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9798?

Office of Registrar of Vital Statistics.

Ward 8 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
FEB 15 1887
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 13/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 1/2 *Years,* *Months,* *Days.*

Color Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 37 Canels Al

Cause of Death, First (Primary), Broncho Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 15th 1887

Undertaker, Ady Assistant

Place of Business, 561 Orchard

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 97988 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 14th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Dessel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ✓

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 1927 Eastern Avenue

Cause of Death, First, (Primary,) —

Second, (Immediate,) Asthma

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Feb 16th 1887.

Undertaker, Leonhardt Ritz

Place of Business, 414 S Broadway

M. L. Dashiell Jr. M. D., Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... of each week

No. 9 7 9 8 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 7 9 8 9 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feby. 14. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. A. E. Roach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* ~ 3 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give Street and Number.} 256 (old no.) N. Dallas st.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 16

Undertaker, Jacob Ahrens & Co

Place of Business, 626 W Balto

Geo. A. Harnucait M. D.
Medical Attendant.

Address, 305 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

for I

No. 97990

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97990 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12- 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Gailor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 821 Shultz St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15th 1887

Undertaker, William Dunagan

Place of Business, 150 East St

Geo F. Taylor M. D.
Medical Attendant.

Address, 928 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ity of Baltimore will make returns of all ... 97991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 20

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE

Permit No. 97991 *Office of Registrar of Vital Statistics.* **Ward** ~~12~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachal Johnson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 299 Myrtle ave

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dochjoville Balto Co

Date of Burial, Feby 16th 87

Undertaker, F. Louis Schaefer

Place of Business, 316 N Fremont ave

C. L. Mahon M. D.
Medical Attendant.

Address, 136 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4546 [OVER.]

... Burials, to the C... who ... will make returns of all ... week

No. 9799[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9799[illegible] *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation ... certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 15 1887, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 87.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Stewart.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 285 N Carey St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 15

Undertaker, J. B. Cook

Place of Business, 100 S W. Balto

Louis [illegible] Town M. D.
Medical Attendant.

Address, Fruit & Ingrahan av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...e of death.

[OVER.]

...will make returns of all ... each week.

No. 99993

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99993 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, February 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geddie Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Old # 128 Dover St,

Cause of Death, First (Primary), Phthisis,

Second (Immediate), "

Duration of Last Sickness, 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cemetery

Date of Burial, Feb 16 1887

Undertaker, Hercules Ross

Place of Business 409 E Monroe St *Address,* 505 N Carrollton Ave

Louis Brumgeter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Companies in City of Baltimore will make returns of all
Permits for Burials to the Office ...rwise ...ed Saturday of each week

No. 9 9 9 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 9 9 4 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Febry 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Tolorney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 1 *Months,* 15 *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 827 S Dallas st

Cause of Death, First (Primary), Malnutrition (Twocie)

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Johns RC

Date of Burial, Feb 16 87

Undertaker, Frank Brady

Place of Business, 821 N Durham *Address,* Dr Geo Fisher M. D. Medical Attendant.

Corolue

Colrd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 9995

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9995 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE BALTIMORE, MD.

68

CERTIFICATE OF DEATH.

Date of Death, Feb 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Tinley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor N Charles & Boundary Ave

Cause of Death, First (Primary), Old Age & debility

Second (Immediate), Coma

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Feb 16th 1887

Undertaker, Edward Mowen

Place of Business, 35 Park ave

Wm Woolridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued. 97996

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97996 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 15.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie B. Grant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor. Park & North Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Puerperal Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 17th 1887

Undertaker, Stewart & Mercer

Place of Business, 35 Park ave

A. McAllister M. D.
Medical Attendant.

Address, 1008 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

Permit [illegible] will make re[illegible] of all

No. 97997

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97997 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Genl Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give Street and Number.} 292 S Paca St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Feb 16th 1887

Undertaker, Jos B Cook

Place of Business, 1003 W Baltimore

Wm H Blake M. D.
Medical Attendant.

Address, 292 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

of Baltimore will make returns of all

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 9 7 9 9 8

Health Department, City of Baltimore.

Permit No. 9 7 9 9 8

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 14 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie M. Bouyet

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 1515 Baltar St

Cause of Death, First (Primary), Catarh of the Bladder

Second (Immediate), Phthisis

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 16th 1887

Undertaker, Jas B Cook

Place of Business, 1003 W Baltimore St

C. Fawcett M. D.

Medical Attendant.

Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 97999

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97999 *Office of Registrar of Vital Statistics.* **Ward** 15 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Valentine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Silk Hatter -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} ~~Suicide by Strangulation~~ 226 E. Montgomery

Cause of Death, First (Primary), Suicide by Strangulation

Second (Immediate), Asphyxia -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb. 17th 1887

Undertaker, Ernst Schlosman

Place of Business, 623 S. Sharp St

Frank J Flannery M. D.
Medical Attendant.
Coroner
Address, 1701 Dr. Hill ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 98000

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 16

Permit No. 98000

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Curley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} W

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, {Give Street and Number.} 249 Lee St

Cause of Death, First (Primary), Uterine Carcinoma

Second (Immediate), —

Duration of Last Sickness, 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb. 17th 1887

Undertaker, Ernst Schlosser

Place of Business, 623 S. Sharp St.

L. A. Bell M. D.

Medical Attendant.

Address, 841 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 98001

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98001 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Gambey.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 79 *Years,* — *Months,* — *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 20.

Place of Death, {Give Street and Number.} No 14. Broadway (Court of Lille)

Cause of Death, First (Primary), Acute Bronchitis. Old age.

Second (Immediate), Asthenia.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1887

Undertaker, William Dunger

Place of Business, 150 East St

A. V. Gouziler M. D.
Medical Attendant.

Address, 2333 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 9802

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9802 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1887

74

CERTIFICATE OF DEATH.

Date of Death, Frederick Anderson — February 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweden.

Duration of Residence in the City of Baltimore, Last Summer

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Tubercle lung; Grey Meninx

Second (Immediate), Asthenia

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 16 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

L. P. Smith M. D.
Medical Attendant.

Marine Hospital Service
Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

No. 98003

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98003 *Office of Registrar of Vital Statistics.* **Ward** 3 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

44

CERTIFICATE OF DEATH.

Date of Death, February 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unable to find out

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 60 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Balto University Hospital

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Cardiac Failure

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 16th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 2 N Broadway

Wm J. Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 98004

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98004 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE

13

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lewis Rigle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 52 Faunt St

Cause of Death, First (Primary), Diphtheria Membranous

Second (Immediate), — Convulsions

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 17th 1887

Undertaker, Henry W. Mears

Place of Business, #1113 E. Fayette St *Address,* 171 N Caroline

Geo. B. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9005

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9005 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laida Stevenson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 912 Cedar Row

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulm

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, W. Balt. Cemetery

Date of Burial, Feb. 16/887

Undertaker, Geo. E. Brown

Place of Business, Health Office *Address,* 832 N. Eutaw St.

O. Edward Janney, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9800 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9800 6 *Office of Registrar of Vital Statistics.* **Ward** 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE FEB 16 1887

CERTIFICATE OF DEATH.

6

Date of Death, Feby 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A. Lusby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Dredger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md ~~Scotland or Ireland~~

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 210 S Ann

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, February 14

Undertaker, B. Hall

Place of Business, 115 West St. *Address,* 104 Fort Ave

C. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 9807 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 18
BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Reed

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 1001 E. Biddle St.

Cause of death, First, (Primary,)

Second, (Immediate,) Heart disease & General Dropsy

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 17th 1887

Undertaker, A. Grimston Son

Place of Business, 915 N. Gay St

Jno. Brooke Boyle M. D
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 98008

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98008 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Winfield Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 507 Duncan Alley

Cause of Death, First (Primary), Tuberculosis Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 17 87

Undertaker, Chas S Fry

Place of Business, 221 E. Broadway

John Ayd M. D.
1937
Medical Attendant.

Address, 503 E. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7809

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98099 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE REGISTRAR FEB 16 1887 MARYLAND

CERTIFICATE OF DEATH.

73

Date of Death, Feb. 16 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Pelz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57½ yrs. (about)

Place of Death, {Give Street and Number.} 405 W. Exeter St.

Cause of Death, First (Primary), Phthisis Pulmonalis & Bright's Disease

Second (Immediate), asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician. (Has been complaining of same for about 2 yrs)

Place of Burial, Mount Carmel

Date of Burial, February 18th

Undertaker, W. D. Shue D. Stull M. D.

Medical Attendant.

Place of Business, 137 S. Eden *Address,* 405 W. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98010 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT FEB 16 18 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 15. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Abraham Bamberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hesse Darmstadt Germany

Duration of Residence in the City of Baltimore, Sixty-five years

Place of Death, {Give Street and Number.} 1429 Madison Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Coma

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery

Date of Burial, 17 February

Undertaker, Jos. D. Sondheim

Place of Business, 120 N. Gren[illegible] *Address,* [illegible]

G. G. Rusk M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9811 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Galloway Creek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months.* ——— *Days*

Color, Co.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1822 Greenmount Av.

Cause of Death, First (Primary), ———

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 16/87

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmt Av.

Edmund C. Gibbs M. D.
Medical Attendant.

Address, 138 E. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98012 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1897 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Feby 16/97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Brickmason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, L. B.

Place of Death, {~~Give Street and Number.~~} Burns & Russell's Brick Yard on Washington and Ethelbert

Cause of Death, First (Primary), Old Age

Second (Immediate), Acute Gastro. Enteritis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, Feby 17

Undertaker, J. B. Cook

Place of Business 1003 W. Baltimore *Address,* corner Pulaski

Jno. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1 2

Permit No. 98013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH, FEB 16 1887, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Skinner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* *Days*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Massachusetts

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Baltimore, 2206 McCulloh St

Cause of Death, {First (Primary,) ; Second (Immediate,) Diabetes

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb 17th 1887

Undertaker, Armstrong & Denny

Place of Business, 66 Light & Montgomery

Address 1016 McCulloh St

Saml H Denny M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPT. FEB 18 1887 BALTIMORE, MD.

Permit No. 98014 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 14/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Adolph Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give Street and Number.} 12 Hanover st,

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart Failure

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 17th

Undertaker, F. W. Troll.

Place of Business, 421 Hanover st, *Address,* 835 W. Lombard st

D. L. Deaver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 16 1887

Permit No. 98015 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A 2 B

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lauer F Sohley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 4 *Years,* — *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 229 Hanover & Hamburg Sts.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis Cerebral

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 17 87

Undertaker, Handley & Deuy

Place of Business, No 265 W Pratt *Address,* 518 Hanover

Edward Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98016 *Office of Registrar of Vital Statistics* Ward 20

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 167 E. Monroe St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 17. 1887

Undertaker, H. Sanderson

Place of Business, 1710 Canton Ave *Address,* 111 S. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9807 *Office of Registrar of* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 14 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Borgerding

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 6 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Old 212 S. Bond

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Cemetery

Date of Burial, Feby 16. 1887

Undertaker, H. Sander & Son

Place of Business, 170 Central Ave *Address,*

Dr. L. Wm Ihm M. D.
Medical Attendant.
1911 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

REGISTRAR'S OFFICE
FEB 18 1887
BALTIMORE MD.

Permit No. 98018 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Blair Barr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 47

Place of Death, {Give Street and Number.} 46 Work (E)

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17 1887

Undertaker, Samuel Hale

Place of Business, 1[illegible]7 [illegible] *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9809 Office of Registrar of Vital Statistics Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CITY DEPARTMENT FEB 16 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 15. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* a few minutes *Days*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 36 Mt Vernon Place

Cause of Death, First (Primary), Prematurely born

Second (Immediate), Inanition

Duration of Last Sickness, He was in attendance - It was the child

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem and died after a few minutes.

Date of Burial, Feby 16th 1887

Undertaker, Chas T Scruven

Place of Business, 911 N Eutaw St

Wm G Harrison M. D.
Medical Attendant.

Address, 36 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98020 *Office of Registrar of Vital Statistics* Ward 2 1/4

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 16th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bisco

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Old No. 26 Hanover

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johnsons Cemetery

Date of Burial, February 17, 87

Undertaker, Felix Broskowski

Place of Business, 258 Old Town St *Address,* 1709 Alice Anna St.

John A. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

9 / 92

Permit No. 9802 / *Office of Registrar of* [illegible] Ward 15 7

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 29 *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore √

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cor King St & Grace's Court

Cause of Death, First (Primary), Exposure

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Feb 16 1887

Undertaker, Hercules Ross

Place of Business, [illegible]

J. P. Hoss M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98024 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, February 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* —— *Months,* *Days.*

Color, Colored —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} E. Hoffman St Mine Bank Lane

Cause of Death, First (Primary), Tubercular Diathesis.

Second (Immediate), Tubercular Pneumonitis

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Feb 16th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office Address, 1429 Belair Ave

J. F. Martenet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Hypnose

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98023 *Office of Registrar of Vital Statistics* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Duff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1615 Abbott St

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Feby 17th 1887

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Chas. B. Zug M. D.
Medical Attendant.

Address, 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9802 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann J. Rosa Dribbin = Russia

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 weeks *~~Days.~~*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 119 Market Space

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellow

Date of Burial, Feb 17/87

Undertaker, A. Weinberg

Place of Business, Edenwald St *Address,* 1102 E Balto St

A. Hesselberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

30/92/12

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9825 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia L Traynor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life-time

Place of Death, {Give Street and Number.} 299 E. Pratt St

Cause of Death, First (Primary), Chronic Phthisis

Second (Immediate),

Duration of Last Sickness, about seven years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, February 18th

Undertaker, Geo Schilling

Place of Business Ashland Square *Address,* 2 N Broadway

D W Cathell *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 17 1887
BALTIMORE

~~CERTIFICATE~~ OF DEATH.

Date of Death, Feb 16th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} (Old No. 19) 784 Hanover St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18. 1887

Undertaker, Alex Kennedy

Place of Business, 47 Hanover st.

Robt J. Wilson M. D.
Medical Attendant

Address 823 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98027 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann L Boulden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 815 Mc Donough St

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Feb 17th 1887

Undertaker, Wm N Dunige

Place of Business, East St Address, Eutaw & Pr

Jas A Steuart M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. L. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C

Health Department of the City of Baltimore.

Permit No. 98028 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertha Teresa Tehlee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* ~~*Days.*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1714 Hillsanna St

Cause of Death, First (Primary), Tuberculan Meningites

Second (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Feby 17th 1887

Undertaker, H. Saudenbach Son

Place of Business, 1710 Canton Ave. *Address,* 121 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98029 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT BALTIMORE MD. FEB 17 1887

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 16 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Hoffman

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tavern Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} N. E. Cor. Eutaw & Croft Sts

Cause of Death, First (Primary), Neuritis

Second (Immediate), Collapse

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 18 1887

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave *Address,* 245 S. Holmes

J. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

Permit No. 98030 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. F. Gerrard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 31 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation Cut Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Charleston S.C.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and Number. } 1217 Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Acute Nephritis

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb 17. 1887.

Undertaker Wm. H. Hickman. *Address,* 1111 E Preston

Place of Business, 234 & 1 Gay

G. Henry Chabot M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98031 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT RECEIVED FEB 17 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 16th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa American

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 603 S. Pine St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 18th 87

Undertaker, G. Frame

Place of Business, Banks & Wolfe *Address,* 1112 E. Broadway

W. J. Kelly, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 98032 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE

13

CERTIFICATE OF DEATH

Date of Death, Feb 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonza Calwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 628 N Bethel Street

Cause of Death, First (Primary), Cerebro Meningitis

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1887

Undertaker, J. J. Lee

Place of Business, 1421 E. Monument *Address,* 403 N Broadway

H. Saunderson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 98033 *Office of Registrar of Vital Statistics* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

a

CERTIFICATE OF DEATH

Date of Death, Feb 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elona Birch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 76 N Front St.

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 40 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18 1887

Undertaker, Jos P Byrne

Place of Business, 63 N Front

L W Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98034 *Office of Registrar of Vital Statistics.* Ward 6 & 6

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stevenson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 10, *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Chair manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give Street and Number.} ~~208 S. Eden St~~ N. E. cor. E. Baltimore & Chapel Sts.

Cause of Death, First (Primary), Apoplexia

Second (Immediate), Coma

Duration of Last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial, in Greenmt. Cemetery from new 208 S. Eden St.

Date of Burial, Feby. 18. 1887

Undertaker, M. A. Dayer Atty. Jno. S. Lynch M. D.

Medical Attendant.

Place of Business, 229 S. Bway *Address,* 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98035

Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

74

Date of Death, Feb 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 3 weeks *Months*, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cele

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} M & C. Hospital.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 2-18-87

Undertaker, [illegible]

Place of Business, 1139 Penna Ave

T. A. Ashby M. D.
Medical Attendant.

Address, 1125 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

Permit No. 98036 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. R. Foplis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation Collector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Fifty five years

Place of Death, {Give street and Number.} 1308 Greenmount Ave

Cause of Death, First (Primary),

Second (Immediate), Brights disease of Kidneys

Duration of Last Sickness, About two months

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb 18th

Undertaker H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

W. F. Jones M. D.
Medical Attendant.

Address, 286 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
FEB 17 1887
BALTIMORE, MD.

Permit No. 98037 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda J. Blackwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 67 ~~46~~ Church St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 17 1887

Undertaker, H. Bass

Place of Business, 404 Eutaw St

C. L. Bagby M. D.
Medical Attendant.

Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98038 *Office of Registrar of Vital Statistics* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary and John Batson (Parents)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 622 McElderry St Court

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Com

Date of Burial, Feb 17th 1887

Undertaker, Theo Locks

Place of Business, 73 Jefferson St *Address,* Chas M D C

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McMcKeown Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98039 *Office of Registrar of Vital Statistics* Ward 6th

The Physician who attended any person in a last illness, is responsible for the [illegible] Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 16 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 825 Orleans Road

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20/1887

Undertaker, W H Madden

Place of Business, 76 East St

Geo. F. Sayler M. D.
Medical Attendant.

Address, 825 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF B[illegible] VITAL STATISTICS.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

Permit No. 980 41

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J. Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Dark Knows

Place of Death, {Give street and number} 2007 Ellings St,

Cause of Death, First, (Primary.) Puerperal Eclampsia

Second, (Immediate.) Asthenia, Coma

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1887

Undertaker, [illegible]

Place of Business, 46 East [illegible] *Address,* 1125 Madison Ave

T. A. Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 9804 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF VITAL STATISTICS
FEB 17 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 16th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Lohrfinck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Granby & Gough sts

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Prostration

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 18 87

Undertaker, W. Lohrfink

Place of Business, 157 S. Bond *Address,* 610 S. Paca st

E. L. Sudlenborn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9804 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, Feb 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily M O Brien

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 0 *Months,* 13 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2112 Etting St (old 218)

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 17/87

Undertaker, Chas. T. Semmes

Place of Business, 911 N. Eutaw

Chas E Satter M. D.
Medical Attendant.

Address, 2100 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98043 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Hawkins

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 7 *Days*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 119 Drainum Alley

Cause of Death, First (Primary), Teething

Second (Immediate), Eclampsia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1897

Undertaker, William H. Dugee

Place of Business, 150 East St

A. M. Kuhn M. D.
Medical Attendant.

Address, 607 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 98044 *Office of Registrar of Vital Statistics.* Ward 6 cc

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

D

CERTIFICATE OF DEATH

Date of Death, Feb. 16 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lee Bozil

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1922 Eager street

Cause of Death, First (Primary), Dentition

Second (Immediate), Tuberculer Meningitis (& Convulsions)

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 18 1887

Undertaker, Henry Hoen

Place of Business, 307 N Eutaw St *Address,* 804 (new number) E Baltimore

Wm J Simms *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Bac

Health Department, City of Baltimore.

Permit No. 98045 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 14 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 175 Vincent Alley Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1016 Russel Terrace

Cause of Death, First (Primary), ...

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 1887

Undertaker, Alex Kennedy

Place of Business, 52 Richmond

W. H. Chappell, M. D.
Medical Attendant.

For Prescott
Address, 1 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 98046 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

a

Date of Death, Feb 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Schleck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* (3) Three *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1649 Abbot st

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cr

Date of Burial, Feby 18 1887.

Undertaker, Frank Craft.

Place of Business, 827 N. Dunbar st

Chas. B. Leyh M. D.
Medical Attendant.

Address, 920 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9804 7 *Office of Registrar of Vital Statistics* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 16 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Alexander

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 272 W Lexington St

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, 19th Feby 1887

Undertaker, Hollyfield Perkins House

Place of Business, Park & Saratoga Sts

T. E. Shatarff M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 98048 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give Street and Number.} 1108 Hall alley

Cause of Death, First (Primary), ...

Second (Immediate), Typho Malarial Fever

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 19 1887

Undertaker, Barnard Hood

Place of Business, 82 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below ... Filling up Blanks on ...

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

Health Department, City of Baltimore.

Permit No. 98049 *Office of Registrar of Vital Statistics* Ward 11th

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

13

Date of Death, February 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Nickles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 11 *Months,* One *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 508. Campbell St

Cause of Death, First (Primary),

Second (Immediate), Leukaemia (Leucaemia)

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18 Feb 11 1887

Undertaker, Bernard Hart

Place of Business, 42 West St. *Address,* East Fayette

Jno. T. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 98050 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, February 17th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Norton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 184 Hamburg St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul Road

Date of Burial, Feb 19th 1887

Undertaker, Bernard Hart

Place of Business, 82 Hart St *Address,* 1019 Light St.

Robert L. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98051 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPT. BALTIMORE, MD. FEB 10 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained [illegible] Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 1454 Johnson st

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 18/887 Theodore Cook *M. D.*

Medical Attendant.

Undertaker, Amos Gray

Place of Business, 263 Eight *Address,* 518 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 98452

The Physician who attended any person in a last illness is responsible for the [illegible] of this Certificate, accurate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained with[illegible] Certificate.

FEB 16 1887

BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 3 P. M. 15th February 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Killiamson Berridge

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, Fifty-six *Years,* Six *Months,* Twenty-seven *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation, Keeper of Dry goods Store

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, About Forty-nine years

Place of Death, { Give street and number } 302 West Madison St Balto Md

Cause of Death, First, (Primary,) Rheumatism and Cancer of Breast

Second, (Immediate,) Fever and Exhaustion

Duration of last Sickness, About Three years and three months

All the above information should be furnished by the Physician.

My attention was never called to the cancer.

Place of Burial, Greenmount

Date of Burial, February 19th

Wm. J. Brown M.D.

Medical Attendant

Undertaker, R. Reuss Jas

Place of Business, No 92 N. Howard

Address, [illegible] N. Howard St

I was not the attending Physician; but saw her several t[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notic furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 98053 *Office of Registrar of Vital Statistics* Ward 19th

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie McCann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, Maryland

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 102 Vincent St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Feby 19 1887

Undertaker, William A Dinges

Place of Business, 150 Eastern Ave *Address,* ——

D. L. Shipley M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98052 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 16. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliet Connelly.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, Colored.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Servant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Co, Va.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give Street and Number.} 606 Vincent Al.

Cause of Death, First (Primary), Hypertrophy of heart & liver

Second (Immediate), Dropsy (General)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Ararat Cemetery

Date of Burial, February 18 1887

Undertaker, William A. Degee

Place of Business, 150 East St

Jno. J. King M. D.
Medical Attendant.

Address, 640 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

8th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7

CERTIFICATE OF DEATH.

Date of Death, February 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse McCoy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georigia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Acute Mania

Second (Immediate,) General Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 18th 1887

Undertaker, William M Dugee

Place of Business, 150 East St

L. P. Hoffman M. D.
Medical Attendant.

Address 702 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 98156 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 18 1887
BALTIMORE MD

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bealuce Shandowney

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and Number. } 19 N Bethel St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Cerebritis

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Hebrew Cem — Dispensary Case

Date of Burial, Feb 17-1887

Undertaker, W M Maddox

Place of Business, 46 East St *Address,*

Walter B Platt *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to this Blank, and to the Rules of the Board of Health on the subject of Certificates of Death.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 18 1887

Permit No. 9805 7 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 17 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mable Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 7. *Months.* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1015 N Chappel St

Cause of Death,
First (Primary), Diphtheria
Second (Immediate), Blood Poison

Duration of Last Sickness, about 4 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 18 1887

Undertaker. W W Madden

Place of Business, 46 East St

Thos J. Simms M. D.
Medical Attendant.

Address, 804 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Section 2 of the Extract from Regulations on this Certificate.

Health Department, City of Baltimore.

Permit No. 98058 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 18 February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Justus Linz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 64 *Years,* 10 *Months,* 26 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~1116~~ ~~W~~ ~~Lomb~~ Germany. 11 years in U.S.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 1116 W Lombard Street.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

V

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20 February 1887

Undertaker, J. B. Cook

Place of Business, 1003 W Baltimore Street

W. F. Reinhard M. D.
Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98059 *Office of Registrar of Vital Statistics* Ward 13 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 18 1887 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 17/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia M Burgess

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give Street and Number.} 878 W Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), 4 4

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Woodbine Howard Co Md

Date of Burial, Feb 19th 1887

Undertaker, Jos B Cook

Place of Business, No 1003 W Baltimore

Thomas Opie M. D.
Medical Attendant.

Address, 600 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4548 Transfer

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98060 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 18 1887

B

CERTIFICATE OF DEATH.

Date of Death, 16th February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kelso

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Doorman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md.

Duration of Residence in the City of Baltimore, 26 Yrs

Place of Death, {Give Street and Number.} 1017 E. Howard St.

Cause of Death, First (Primary), Chronic Bronchitis & Rheumatism

Second (Immediate), Tuberculous Phthisis

Duration of Last Sickness, 5 weeks) from the first to the last one year

All the above information should be furnished by the Physician.

Place of Burial, Tolbert Country MD

Date of Burial, Feb 18 1887

Undertaker, Hercules Ross

Place of Business, 404 Conn Ave *Address,* 224 Hill St.

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4524 Fannell

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98061 *Office of Registrar of Vital Statistics* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sheridan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *~~Months~~,* *~~Days.~~*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Marble Polisher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} No 6 Swan Street

Cause of Death, First (Primary), ... Second (Immediate), Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feby 18th 87

Undertaker, Geo Rinehart

Place of Business, City Hall

James A Steuart M. D.
~~Medical Attendant.~~

Address, Town

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Seward S. G.

Board of Health, City of Baltimore.

Permit No. 98062

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within forty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, FEB. 18 1887

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Hashuig, (Wilhelmina)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany. 35 Years.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1431 Orleans st

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Spasm of Heart 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 19th 1887

Undertaker, W. Seewald

Place of Business, 119 S. Eutaw st

Ger. M. Bartman M.D.
Medical Attendant.

Address, W. Balto. & Fayette sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98063 *Office of Registrar of Vital Statistics* Ward 15th

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1887 (Ernest W. Rau)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. W. Rau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 2 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, School Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 24 Lee St.

Cause of Death, First (Primary), Congestion of Lungs and Brain due probably to exposure and excessive drink

Second (Immediate), Asphyxia.

Duration of Last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Feby 18 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

T. J. Flannery M. D.

~~Medical Attendant.~~ Coroner

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98063 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 16. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E M Rau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 52 - *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} .....

Occupation, School Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 24. Lee St

Cause of Death, First (Primary), Supposed to be Pneumonia Acuta

Second (Immediate), I did not see Rau before death Pneumonia Acuta

Duration of Last Sickness, Found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Potter's Field

Date of Burial, 17 Feb

Undertaker, Charles Davis

Place of Business, 45 04 Monument ad *Address,* 518 Hanover St

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78064 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febrary 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days*

Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 2121 Etting St

Cause of Death, First (Primary), Broncho-Pneumonia

Second (Immediate), " "

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Sandy Springs Md

Date of Burial, Feb 19th 1887

Undertaker, Alex Hemsley

Place of Business, 561 Orchard St *Address,* 1218 Mullin St

B B Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE, MD.

Permit No. 98063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Butler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* 7 *Days.*

Color, Black.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} # 16 Welsh alley

Cause of Death, First, (Primary,) Acute Miliary Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 19" 1887

Edwin Coulbourn M. D.
Medical Attendant.

Undertaker, or Thomas Butler

Place of Business, 16 Welsh alley *Address,* # 935 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98066

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE MD.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feby. 17. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher C. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Teacher (Prof. Chemistry)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~1709 E. Eager St.~~ Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1709 E. Eager St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 11 or 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 19th 10 am

Undertaker, Denny & Ritchie

Place of Business, 218 S Broad

Medical Attendant. Geo. A. Hartman M. D.

Address, 1131 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98067 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 3 6 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 1105 Patterson Ave

Cause of Death, First (Primary), Subacute Bronchitis Complicated by Dilitation of R. Auricle and R. Ventricle of the Heart

Second (Immediate), Syncope.

Duration of Last Sickness, about 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery.

Date of Burial, February 19th 1887.

Undertaker, Martin Fahey. D J Flannery M. D.

Medical Attendant.

Place of Business, 606 W. Townsend St. *Address,* 1701 Dr. Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 18068 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

13

Date of Death, Feb. 17/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara G. Baker.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 2 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 1131 Penna av.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year and 6 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 19 '1887

Undertaker, W. Cadogan

Place of Business, Mulberry *Address,* Harlem av. & Calhoun.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98069 *Office of Registrar of Vital Statistics.* Ward 10th

BUREAU OF VITAL STATISTICS
FEB 18 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1887 ~~Mary Dorsey~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hookstown Balto. Co. Md.

Duration of Residence in the City of Baltimore, Greater part of Life, family does not know definitely.

Place of Death, {Give Street and Number.} 856 N. Lexington St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb - 20

Undertaker, J. B. Cook

Place of Business, 1037 W. Balto.

H. H. Weber M. D.
Medical Attendant.

Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98070 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Suthkoff
Suthkoff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} Union Protestant Infirmary

Cause of Death, First (Primary), albuminuria

Second (Immediate), Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 19 1887

Undertaker, J B Coote

Place of Business, Balto City

C. Fawcett M. D.
Medical Attendant.

Address, 530 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 98071 *Office of Vital Statistics* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17" 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartley Geary.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* ✓ *Months,* *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Never Married.

Occupation, Seaman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} St Josephs Hospital, —

Cause of Death, First (Primary), Tubercle Lung & Grey Ulceration

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Feb 19" 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

C. H. Ward M. D. U.S. Navy Medical Attendant.

Address, Eutaw House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9807 2 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 19 1887
BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, Feb. 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Lee Murray

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... 4 *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 1737 Chew st

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. G. Davis M. D.
Medical Attendant.

Address, 1727 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on reverse.

Health Department, City of Baltimore.

Permit No. 98073 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 17 1887 Febur —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margratt M. Carnish

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Carlard

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress & Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbert County Maryland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No 3. Bradford Alley Baltimore Md

Cause of Death, First (Primary), Inflamnation of the Bowels

Second (Immediate), Hysterics

Duration of Last Sickness, 11 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19 1887

Undertaker, W W Madden

Place of Business, 46 East St

H Moreck M. D.
Medical Attendant.

Address, No 36 Lincoln St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9807 — Office of Registrar of Vital Statistics — Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Jane Simmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give Street and Number.} 432 N Eden Street

Cause of Death, First (Primary), Tuberculus Meningitis

Second (Immediate), Convulsions Exhaustion

Duration of Last Sickness, about 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Feb 19 1887.

Undertaker, M V Madden

Place of Business, 46 East [illegible]

Chas. Morfit M. D.
Medical Attendant.

Address, 927 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 98075 *Office of Registrar of Vital Statistics.* Ward 74

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

CERTIFICATE OF DEATH. 73

Date of Death, Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Rawlings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 88 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anarundle County Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 1219 N Amm st

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, failing about 12 mo

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 20th Feb 1887

Undertaker, W. Hickman

Place of Business, 234 N. Gay St *Address,* 1206 E. Preston

W B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 98076 *Office of Registrar of Vital Statistics* Ward 19 4

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1887 Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Christened (Mother Harriet Adams)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give Street and Number.} 109 E Barre, St

Cause of Death, First (Primary), Cold

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19th 1887

Undertaker, Wm N Lundee

Place of Business, Earl St *Address,* 2120 E Biddle

Wm F Griffin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9807 *Office of Registrar of Vital Statistics.* Ward 12 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 19 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine J. Boon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give Street and Number.} 47 (old No) Mc Culloh st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 20th 1887

Undertaker, Hall. Jenkins & Son

Place of Business, Cor Saratoga & [illegible] Address, 900 Mad. Ave

[illegible] M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

Health Department, City of Baltimore.

Permit No. 98078 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 16th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Dixon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* 7 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #1232 Ohio Ave.

Cause of Death, First (Primary), Impressions of Colds

Second (Immediate), Pneumonia (Croupous)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 19

Undertaker, H. Cobb

Place of Business, 464 Conway St

William Kroh M. D.
Medical Attendant.

Address, #1018 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9817 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the accurate filling of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Virginia Sanner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 1819 E. Madison st.

Cause of Death, First (Primary), Epithelioma of left ear

Second (Immediate), Extending to the brain

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Friday Feb 21st

Undertaker, Wm J Schaefer

Place of Business, No 5 S. Front St *Address,* 1201 N. Eden St.

Edwin B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98080 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara A. Famic

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va ~~Washington D.C.~~

Duration of Residence in the City of Baltimore, Life Week

Place of Death, {Give Street and Number.} 232 Saratoga St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb 20th 1887

Undertaker, John E Haugh

Place of Business, 228 Penna Ave

D. H. Crum M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4579 Penn

[over.]

Health Department, City of Baltimore.

Permit No. 98081 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
FEB 19 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18th Feb 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Joseph. Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 18 *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Factory Worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Parents born in England

Duration of Residence in the City of Baltimore, Both - Life time

Place of Death, {Give Street and Number.} 1056 Hanover st.

Cause of Death, First (Primary), Measles & Bronchitis

Second (Immediate), Congestion Lungs

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 19th 1887

Undertaker, Daniel Flynn

Place of Business, 42, 6, West 9th *Address,* 1229 E. Lombard

E N Lemmy *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Section 2.

Health Department, City of Baltimore.

Permit No. 98082 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 19 1887
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ ~~Months,~~ 3 Days.

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 5 Church St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 19th 87

Undertaker, H. Reis. Thos F Glenn M. D.

Place of Business, Conway St. *Address,* [redacted] Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H. C. Smead S. P.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98083 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Wilbur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cattle Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} No 613 N. Gay St

Cause of Death, First (Primary), Gout & Pulmonary Consumption

Second (Immediate), Some heart trouble

Duration of Last Sickness, Five or Six years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 19th 1887

Undertaker, Denny & Mitchell

Place of Business, 630 W. Fayette

G. W. Hammond M. D.
Medical Attendant.

Address, 502 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98084 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD

Bar C

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kowotski

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 48 Lancaster St

Cause of Death, First (Primary), Inanition

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 19th 1887

Undertaker, F. Brzkowski

Place of Business, 1732 Alice Anna *Address,* Balto MD

~~Medical Attendant.~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. Dr Goey Inspector

Health Department, City of Baltimore.

Permit No. 98085 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. George Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give Street and Number.} 700 N. Eden St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Coma & Exhaustion

Duration of Last Sickness, 14 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 21st

Undertaker, George Schilling

Place of Business, 1 Aisquith Square

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St. Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98086 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE

CERTIFICATE OF DEATH. 73

Date of Death, Feb. 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lamb.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 3 *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Marble Worker,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1639 E Monument St,

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 20 1887

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St *Address,* 133 N Eutaw St

J. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98087 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bertha Akers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 1638 Fort ave

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Feby 21st

Undertaker, Bernhardt Harle

Place of Business, 82 West. St. *Address,* 104 Fort ave

D. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 98088 *Office of Registrar of Vital Statistics* Ward 4

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Kinnard

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 34 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coal Agt

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 N Front

Cause of Death, First (Primary), Phthisis & Pneum

Second (Immediate), Hy haemia

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 20th 1887

Geo B. Reynolds M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 65 Front st *Address,* Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98089 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 18" 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mc Sorley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 515 N Front St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, (6) Six Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 20th 87

Undertaker, J. F. Byrne

Place of Business, 61 Fremont St *Address,* Same M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

F. W. Schranck Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 98090 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lorek

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~ ~~or Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 1802 Thames St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemitry

Date of Burial, February 20 87

Undertaker, Felix Sanskowski

Place of Business, 1752 & 1750 Aisquith St

John H. Rehberger M. D.
Medical Attendant.

Address, #1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98091 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Eliz & Charles Williams

Sex, Male or Female, {Cross out the word not required in this line.} Child

Age, — *Years,* — *Months,* 20 Minutes *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1306 Bruce St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19 84

Undertaker, Charles Williams

Place of Business, 1306 Bruce St

Thos H Thurston M. D.
Medical Attendant.

Address, Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. E. Roberts Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 9809½ *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BIRTH DEPARTMENT FEB 19 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Charles May Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2½ Hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 20½ Neighbor St.

Cause of Death, First (Primary), Lack of Development owing to Premature birth

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem.

Date of Burial, Feb. 19. 1887

Undertaker, Henry McGinnis

Place of Business, 942 N. Central Av. *Address,* Chas St & Forest Place

Wolmer Bomlin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98093 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Eliz & Chas Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Triplet

Age, ——— *Years,* ——— *Months,* 20 Minutes *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1806 Bruce St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19 87

Undertaker, Charles Williams

Place of Business, 1303 Bruce St *Address,* Emmet & Hunter M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W Roberts Inspector

Special Attention of Physicians is respectfully invited to the remarks below, and to those on Physician's Certificate.

Health Department, City of Baltimore.

Permit No. 9809 — *Office of Registrar of Vital Statistics* — Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Eliz & Chas. Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} (Infant)

Age, ~~—~~ *Years,* *Months* 20 Minutes *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1306 Bruce St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19/87

Undertaker, Charles Williams

Place of Business, 1306 Bruce St *Address,* Same

Chas. A. Milner M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M. Roberts Inspector

Health Department, City of Baltimore.

Permit No. 98095 *Office of Registrar of Vital Statistics* Ward 1st

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottfried Ring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61. *Years,* 3 *Months,* + *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower. ✓

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hessen-Darmstadt, Germany.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give Street and Number.} 212 S. Madeira St.

Cause of Death, First (Primary), Typhoid Malaria Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feby. 20 1887

Undertaker, H. Sanders & Son

Place of Business, 1710 Canton Av.

A. J. Fournier M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 98096 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 18 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Tehmberth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpet weaver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 year

Place of Death, {Give Street and Number.} N. E. Cor. Calvert & Fayette

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feby 19. 1887

Undertaker, Wm. Saunderson

Place of Business, 1710 Canton Ave *Address,* 1503 E. Monument

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9809 7

Office of Registrar of Vital Statistics.

Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 19 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Leonhardt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 257 S. Bond st

Cause of Death, First (Primary), Senile Gangrene of right foot

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Feby 21, 1887

Undertaker, H. Saunders & Son

Place of Business, 1710 Eastern Ave *Address,* [illegible] Baltimore Co

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98098 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Feby 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fink

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 4 N Bank St.

Cause of Death, First (Primary), Hydrothorax

Second (Immediate), 3 hrs

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Feby 20. 1887

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Ave

E. Dorsey M. D.
Medical Attendant.

Address, 2826 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 18099 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1887

B

CERTIFICATE OF DEATH.

Date of Death, Feby 18th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Gary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 719 S. Dallas

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feby. 20. 1887

Undertaker, Jno. Saunders & Son

Place of Business, 1710 Canton Ave

Geo. B. Gundry M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98100 *Office of Registrar of Vital Statistics* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Rossmark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 604 Platte foot Alley

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Feby. 20. 1887

Undertaker, H. Saunders & Son

Place of Business, 1710 Canton Ave

Wm. H. Rehberger M. D.
Medical Attendant.

Address, 909 Ala. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98101 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1887 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Feby 18/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Slaughter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give Street and Number.} 13 n Carroleton ave

Cause of Death, {First (Primary), General debility

Second (Immediate), Paralysis

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 20th 1887

{*Undertaker,* Jos S Cook

{*Place of Business* 1003 n Baltimore st } *Address,* 129 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98102 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15 1897

C

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stewart

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} female

Age, 9 *Years,* *~~Months,~~* *~~Days.~~*

Color, Colord

~~Married.~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} new No 18 Williamson S.t

Cause of Death, First (Primary),

Second (Immediate), consumption

Duration of Last Sickness, Sixe Months

All the above information should be furnished by the Physician.

Place of Burial, Shaw's S.t. Cemetery

Date of Burial, Feby 21st 97

Undertaker, Saml M. Chase

Place of Business,

Henry Stewart M. D.

Medical Attendant.

Address, Camp bet E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H. C. Seward J. P.

Health Department, City of Baltimore.

Permit No. 9103

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary B. Mahoney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sister of the Good Shepherd

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} House of the Good Shepherd Mount & Stirling Av

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Sisters Private Cem Cor Mount & Stirling

Date of Burial, Feb 20th 1887

Undertaker, I. B. Cook — Edw L. Mitchell M. D.

Medical Attendant.

Place of Business, *Address,* 707 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

BALTIMORE DEPARTMENT OF HEALTH — FEB 19 1887 — REGISTERED

Permit No. 98104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Edgar Brooks

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 8 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 132 old } no - Biddle St - We
327 new.

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, 3 years & 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 21st 1887

Undertaker, Henry W. Means

Place of Business, #413 E. Fayette St *Address,* 146 W. Biddle St

G. P. Fuller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 7810 5 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Christina Cobb (Austin Leroy Mortitta Mary Marietta)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Postal Clerk Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Friedenfels, Bavaria.

Duration of Residence in the City of Baltimore, transferred from Canada

Place of Death, {Give Street and Number.} Convent de Notre Dame Hospital Aisquith St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem

Date of Burial, Feb 20th 1887

Undertaker, A. Geinp & Son

Place of Business, No. 916 N. Gay St *Address,* S. W. Col. & Read'n

John F. Leonard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9806

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Samuel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months.* ..... *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 224 Bruce St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 21st 1887

Undertaker, William Dunger

Place of Business, 150 East St

J. M. Hundley M. D.
Medical Attendant.

Address, 100 E Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. Patterson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} 1419 N. Gilmor St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Pericardial Effusion

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 21st 1887

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave ~~& Boundary & Md~~ Royal aves

Thomas Shearer M. D.
Medical Attendant.

Address, 911 Druid St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7810 8 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clarissa Kendall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give Street and Number.} 1601 Eutaw Place

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lima Ohio

Date of Burial, Feb. 21st 1887

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave ~~Mt Royal & Boundary aves~~

Chas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 4550

[over.]

Health Department, City of Baltimore.

Permit No. 18109 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, February 19. 1887 –

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carl Gustavus Engelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker –

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give Street and Number.} 1601 N.W. Ashburton Street

Cause of Death, First (Primary), Valvular Cat ditis

Second (Immediate), General Anasarca

Duration of Last Sickness, One year –

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. F. Martinet M. D.
Medical Attendant.

Address, 1429 Bluir Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98110 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Boracker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 8 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} White

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 S. Carolina St

Cause of death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Wendt Cemetery

Date of Burial, February 22

Undertaker, Wendt Bros & A Arensohn M. D.,

Place of Business, 157 [illegible] Address, 725 W. Fayette St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98111 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE

Date of Death, Feb 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 1555 Argyle Ave

Cause of Death, First (Primary), Puerperal Convulsions

Second (Immediate), "

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 20th

Undertaker, B Hartle

Place of Business, 115 West St.

J C Hamman M. D.
Medical Attendant.

Address, 453 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98112 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1887 CITY OF BALTIMORE

Date of Death, Feb. 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Debus Fishback

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 1025 Aberdeen

Cause of Death, First (Primary), Bright's

Second (Immediate), Disease

Duration of Last Sickness, about 13 mos

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Loudon Park Hill Cem

Date of Burial, Feb 21

Undertaker, J. Manly

Place of Business, 116 115 West Pratt *Address,* [redacted]

J. Swarth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9813. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY OF BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Feby 18 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Randolph

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 535 Wood St.

Cause of Death, First (Primary), Valvular Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 21 1887

Undertaker, W M Chase

Place of Business 198 Harvard Ave

N. H. Goodman M. D.
Medical Attendant.

Address, 1335 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98114 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, February 19 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 56 Clifford St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22 1887

Undertaker, S W Chase

Place of Business, 78 Hiward Av

N. H. Baer M. D.
Medical Attendant.

Address, 1119 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9815 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 19 / 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hunter

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 516 N Mary St.

Cause of Death, First (Primary), Organic Dis Heart. Mitral Insufficiency

Second (Immediate), Hydrothorax

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1887

Undertaker, Alex Abernethy

Place of Business, 561 Richard St *Address,* 639 Franklin

H H Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98116 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Feb 20. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne L. Kirkland.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72. *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts.

Duration of Residence in the City of Baltimore, Three months.

Place of Death, {Give Street and Number.} 15 W Mulberry -

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis.

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 21st 1887

Undertaker, Stuart McIntire

Place of Business, 35 Park Ave

C. P. Murray M. D.
Medical Attendant.

Address, 315 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9811 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, February 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas R. Pressman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1504 St. John St

Cause of Death, First (Primary), Bright's Disease:

Second (Immediate), Coma & asthenia

Duration of Last Sickness, I do not know: he was first seen by me in consultation 5 days before his death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 21st 1887

Undertaker, Eleazer & McMeen

Place of Business, 35 Park Ave & Md Ave

S. H. Chew M. D.

Medical Attendant. in consultation with D. J. H. Prentiss

Address, 215 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 28118 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1887 BALTIMORE MD

CERTIFICATE OF DEATH. D

Date of Death, 19th February 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Susan Weller.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy four Years, Months, And Eight Days

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 121. W. Saratoga St. Baltimore

Cause of Death, First (Primary), Valvular disease of the Heart & Albuminuria

Second (Immediate), Anazarca, General dropsy, & Uraemia.

Duration of Last Sickness, About four (4) Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem

Date of Burial, February 21 1887

Undertaker, Wm. J. Pickner

Place of Business, 221 S. Eutaw

Mc C. Van Bibber M. D.
Medical Attendant.

Address, 47 c Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98119 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 21 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Fransner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 717 Broadway St.

Cause of Death, First (Primary), Cardiac Disease

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 21 1887

Undertaker, Barnard Hark

Place of Business, #115 West St. *Address,* 1708 E. Shark St

Jno. Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9820 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 21 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 19th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Simons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1752 Hanover St

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Feb 21 1887~~ St Alphonsus

Date of Burial, Feb 21st 1887

Undertaker, Bernard Harle

Place of Business, 115 West St

[illegible] M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 95121 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 19 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Henson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} #925 — Bennett St —

Cause of Death, First (Primary), Hemiplegia

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, North point

Date of Burial, Feb 21st 1887

Undertaker, William Dunge

Place of Business, 150 East St

J. S. Warner M. D.
Medical Attendant.

Address, Bank & 2 nd Ave No

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98122 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT FEE BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 19th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Eisner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* six *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 65 Forrest St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalem Jeff. Road

Date of Burial, Feb 21 1887

H. A. Sauer M. D.
Medical Attendant.

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98123 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 18 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17, 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brennon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Stonecutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart Failure

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 21st

Undertaker, Evans & Spence

Place of Business, 1000 E Balto St. *Address,* City Hospital

William S. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98124 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 /87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Schwartze

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Austria

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), Chronic Laryngitis

Second (Immediate), dyspnoea

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Jeffn Road

Date of Burial, Feb 21 1887

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore *Address,*

A Friedenwald *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98125 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH FEB 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19/1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Leinbach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1446 Hull St (Baltimore)

Duration of Residence in the City of Baltimore, 1 yr. 1 mo.

Place of Death, {Give Street and Number.} 1446 Hull St

Cause of Death, First (Primary), Measles

Second (Immediate), Spasms -

Duration of Last Sickness, Only made Child one Visit

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 21 1887

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Canton Ave

L B Caselli M. D.
Medical Attendant.

Address, 1124 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98126 *Office of Registration and Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febr 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Kroll

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 45 *Years,* 5 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 110 S Durham st

Cause of Death, First (Primary), Stricture of Oesophagus

Second (Immediate), Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 22d 1887

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Caroline av

P. G. Daniel M. D.
Medical Attendant.

Address, 1727 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to this Certificate.

Health Department, City of Baltimore.

Permit No. 98127 *Office of Registrar of Vital Statistics.* Ward 11th

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 228 Franklin St (old No)

Cause of Death, First (Primary), Old age

Second (Immediate), " "

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 22-1887

Undertaker, Wm Wade

Place of Business, 202 N Eutaw *Address.* 953 Madison Ave

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98128 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Col

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Sin

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 1148 Vincent Alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 mons

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Church Cem

Date of Burial, Feby 22d 1887

Undertaker, J. Lewis, Selma

Place of Business, 306 N Fremont *Address,* 1521 Presbman

G V Innes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98129 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ One *Months.* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 245 Albemarle st

Cause of Death, First (Primary), Phthisis

Second (Immediate), ~~Typhoid Fever~~

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Limits

Date of Burial, February 21 87

Undertaker, Felix Brosbeck

Place of Business, 132 Albemarle St

E Hall Rutledge M. D.

Medical Attendant.

Address, 402 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Ward 2 11

Permit No. 98130 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 ROSE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jendrescak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ Years, ~ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Celz

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 1430 Canton Av

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate), Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem'ty

Date of Burial, February 21. 87

Undertaker, Selz & Brzeskowski

Place of Business, 1732 Aisquith St

John H. Rehberger M. D.
Medical Attendant.

Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98131 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathalie A. Benoit

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* *Days*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give Street and Number.} 15 N. Eager st

Cause of Death, First (Primary), Dentition

Second (Immediate), Meningitis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 21st 1887

Undertaker, John J Andrews

Place of Business, No 407+409 Druid Hill ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 922 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98132 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 26/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McConnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 89 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About forty years

Place of Death, {Give Street and Number.} 1132 Hollins St.

Cause of Death, First (Primary), Partial Strangulation Hernia. Intussusception 7 Bowels

Second (Immediate), General Peritonitis

Duration of Last Sickness, Primary ten days — Secondary 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 22

Undertaker, J B Cook

Place of Business, 1003 W Baltimore

J H Saxton M. D.
Medical Attendant.

Address, 1136 Lyndhurst

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98133 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Bruff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, {Give Street and Number.} (new) ~~X~~ 326 S. Wolf St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Febry. 22, 1887

Undertaker, M. A. Daigis, Atty.

Place of Business, 229 S. Bway.

Frank C. Bressler M. D.
Medical Attendant.

Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9813 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallace Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} (new) 313 S Ann St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby. 21. 1887

Undertaker, M. A. Daigin Atty.

Place of Business, 229 S. Broy, *Address,* East Baltimore St

J. H. Colleubergh *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Special Attention of Physicians is respectfully invited to the Remarks relating thereto on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98135 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT
FEB 21 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F. Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 10 *Months,* 1 *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} new No 246 S. Washn St.

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 21st 1887

Undertaker, M. A. Daiger Atty;

Place of Business, 229 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98136

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. John Herman Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty three (53) *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years (40)

Place of Death, {Give Street and Number.} new No. 1833 Gough St. cor. Wolfe

Cause of Death, First (Primary), ...

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 22. 1887

Undertaker, M. A. Dugan Jr.

Place of Business, 74 S. Bury *Address,* [illegible]

Wm. C. Chandler M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9813 7 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, John H. Barnes

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Feb. 20, 1887

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* several *Months,* *Days*

~~Color~~, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Co., Pa

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 1911 W Hoffman St.

Cause of Death, First (Primary), Uraemia

Second (Immediate),

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Greenland Station Baltimore County

Date of Burial, Feb 22d 1887

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St

Walter H. White, M. D.
Medical Attendant.

Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4331 Fawcett

[over.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 98138 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Crowley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 yrs.

Place of Death, {Give Street and Number.} 1515 Gough St.

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 22d 1887

Undertaker, Henry W. Mears

Place of Business, # 413 E. Fayette St *Address,* 129 N Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98139

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 21 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Pulsten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2820 Eden St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 23 - 1894

Undertaker, M. Clark & Co

Place of Business, 92 O. c

E. Smilie M. D.
Medical Attendant.

Address, 2826 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9814 0 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age; 14 *Years,* ..... *Months,* ..... *Days*

Color, c S

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 75 Oxford

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Catonsville

Date of Burial, Feb 21 1887

E. E. Brown M. D.
Medical Attendant.

Undertaker, Alex. Hemsley

Place of Business, 561 Orchard *Address,* 1218 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9814 / *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months.* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ellicott City Md

Duration of Residence in the City of Baltimore. 1 year.

Place of Death, {Give Street and Number.} 1514 Bouldin Alley.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 27 1887

Undertaker, Alex Kennedy

Place of Business, 561 Orchard

W Ricketts M. D.
Medical Attendant.

Address, Penna Ave & Roberts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98142 *Office of Registrar of Vital Statistics* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dwyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} #602 S. Pacas

Cause of Death, First (Primary), ~~Disease~~

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb. 21st

Undertaker, J. S. McAleer

Place of Business, Cor Camden & Eutaw *Address,* 602 S Pacas

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98143 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

D

Date of Death, Feb 20th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Mary A. Mahan (Infants)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 13 Hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 19 Park Ave

Cause of Death, First (Primary), Premature birth (8) Months

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, N. Cemetery

Date of Burial, Feb 21 87

Undertaker, J. J. Lowans

Place of Business, Address, Camp & Pratt

Thurst Mears M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

E by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

L. E. Fitzpatrick Sanitary Inspector

Special Attention of Physicians is respectfully invited to the Instructions on Causes of Disease on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98144 *Office of Registrar of Vital Statistics.* Ward 7 C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 21 1887

CERTIFICATE OF DEATH. 13

Date of Death, Feby. 21. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Merriken

Sex, Male or Female, {Cross out the word not required in this line.} Male Merriken

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Tinner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1009 E. Preston St.

Cause of Death, First (Primary), Central Softening

Second (Immediate),

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemet

Date of Burial, Feb 23 1887

Undertaker, W. S. Forst

Place of Business, N. Broadway *Address,* 1121 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ies of this Certificate.

Health Department, City of Baltimore.

Permit No. 98145 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED FEB 21 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Daf. Asylum

Cause of Death, First (Primary), Marasmus - Complicated by Jaundice

Second (Immediate), Ex -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb. 22. 1887

Undertaker, John Masterson

Place of Business, Division St. *Address,* 1701 Dr. Hill Ave.

D J Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98146 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Dorleman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give Street and Number.} 1238 E Eager st

Cause of Death, First (Primary), Valvular disease of heart

Second (Immediate),

Duration of Last Sickness, about 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 22d 1887

Undertaker, Geo Koch

Place of Business, 203 N Caroline St

F. Ahrens M. D.
Medical Attendant.

Address, 93 Valley st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

Health Department, City of Baltimore.

Permit No. 98147 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 21 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

13

Date of Death, Feb. 19 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May E. Dudley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 20 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. V

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 65 E. Biddle St.

Cause of Death, First (Primary), Bronch. Catarrh.

Second (Immediate), Tubercular Meningitis.

Duration of Last Sickness, 18 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cy

Date of Burial, Feb 20 1887

Undertaker, Jas E Byrne

Place of Business, 63 Frnt *Address,* 1039 N. Broadway.

John D. White. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 98148 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 21 1887
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliette Cornings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} f

Age, 39 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Clinton Co New York

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} 1925 Lindin Ave

Cause of Death, First (Primary), Consumption (Phthisis Pulmonalis)

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 23rd 1887

Undertaker, Wm H Weaver

Place of Business, No 202 N Eutaw St *Address,* 1925 Lindin Ave

L. B. Cornings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 98149 *Office of Registrar of Vital Statistics.* Ward 19.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 20. 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — 3 — *Months,* — 3 — *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 633 Woodyear St -

Cause of Death, First (Primary), Marasmus -

Second (Immediate), Inanition -

Duration of Last Sickness, 5 mos —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd 1887

Undertaker, William Dunge

Place of Business, 150 East St

J. J. King M. D.
Medical Attendant.

Address, 640 N. Carrollton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98150 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

HEALTH DEPT. FEB 29 1884 BALTIMORE

Date of Death, Feb 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Duffy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cathedral bet Saratoga

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} Cathedral bet Saratoga

Cause of Death, First (Primary), Disease

Second (Immediate), Pneumonia double

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 29th 1884

Undertaker, Jas P Byrne

Place of Business, Front St

C B Gaudens M. D.
Medical Attendant.

Address, 912 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9851 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Emma Coe.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, H.W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give Street and Number.} 222 Elliott St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Asthenia.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Balt Co Md

Date of Burial, Feb 23d 1887

Undertaker, Jas P Byrne

Place of Business, Frankl st

D. W. Jones. M. D.
Medical Attendant.

Address, 222 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4553 Frankl

[over.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 18152 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

Date of Death, February 20th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Griffin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Ryan st

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), General exhaustion

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St & Cemetery

Date of Burial, Feb. 22nd 1887

Undertaker, Saml W. Chase

Place of Business, 671 S. Howard St *Address,* 702 W. Fayette St.

J. H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 18153 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy E. Burns

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months.* — *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co. Va

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 521 Lambert St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 18 dys

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 22 1887

Undertaker, D. W. Chase

Place of Business, 641 Howard St

W. F. Stuppert M. D.
Medical Attendant.

Address, McCulloh & Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9854 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} " " "

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, " "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " "

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} Canton Hollow

Cause of Death, First (Primary), Supposed to be Accidental Drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feby 22

Undertaker, Geo. H. Bullard

Place of Business, Frank Dyer

E. Hall Richardson M. D.

~~Medical Attendant~~

Address, 403 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 98155 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Elizabeth Stemmetz

Sex, Male or Female, {Cross out the word not required in this line.} ~

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 725 S. Bond St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions (Internal)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Feb 22nd 1887

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Caroline ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9856 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} No. 711 East St.

Cause of Death, First (Primary), Amyloid Degeneration of the Liver

Second (Immediate),

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 23rd 1887

Undertaker, C. H. Dill

Place of Business, Columbia Ave

J. D. Stumbe M. D.
Medical Attendant.

Address, 330 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ck of this Certificate.

Health Department, City of Baltimore.

Permit No. 9815 7

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Brown

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, Colr

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Abortion

Second (Immediate), Puerperal Septicaemia & Exhaust.

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Feby 21/87

Undertaker, Geo. E. Brown

Place of Business, ~~Branch Office~~

J. P. Nott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98158 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH. 12

Date of Death, Feby 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Amelia Herrmann.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City. Md.

Duration of Residence in the City of Baltimore, ... all her life.

Place of Death, {Give Street and Number.} No 813. N Eden St

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Convulsions.

Duration of Last Sickness, Nine Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 24th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyon Ave *Address,* No 662 N Eden St

John A. R. Hazel, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 8 1 5 9 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give Street and Number.} 32 Hillman St

Cause of Death, First (Primary), Constipation Convulsions

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cr

Date of Burial, Feb 23d 1887

Undertaker, Henry Hoeck

Place of Business, Brg Mt Calvary *Address,* 819 E. Chase St.

J B Saunders M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98160 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

Date of Death, Feby 21/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 1 —

Place of Death, {Give Street and Number.} 331 S. Amm St;

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, February 21st

Undertaker, W. Diffel

Place of Business, 15 E. Bond St

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 98161 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno A. Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Male

HEALTH DEPARTMENT FEB 22 1887 BALTIMORE

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 1438 Argyle Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Feb 23rd 1887

Undertaker Martin Fahey & Sons

Place of Business, 106 N. Howard St

J. H. Christian M. D.
Medical Attendant.

Address, 1821 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 98162 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feby 21st 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hartzog

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* — *Months,* 4 *Days*

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Tobacco Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2007 Madison Ave.,

Cause of Death, First (Primary), Brights Disease

Second (Immediate) " "

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 22/87

Undertaker Denny & Mitchell

Place of Business 1201 N. Eutaw

H. H. Biedler M. D.
Medical Attendant.

Address, 119 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9863 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 19 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Coakley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Ber

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Conn.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} 1114 Forrest alley

Cause of Death, First (Primary), Injuries accidentally received while working

Second (Immediate), on Ship Pulmonary Hemorrhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyola Lawn

Date of Burial, Feb 22nd 1887

Undertaker, H. Ross

Place of Business,

Robt Ellis M. D.
Medical Attendant.

Address, 913 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9816 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, February 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Speights

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 408 E. Madison St. O.N.

Cause of Death, First (Primary), Brights disease of Kidneys

Second (Immediate), Dropsy

Duration of Last Sickness, about 2 1/3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Feb 23 1887.

Undertaker, Wm. H. Hickman. John S. Lynch M. D.

Medical Attendant.

Place of Business, 2340 E. Gay. *Address,* 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9865 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hilands

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 24 months

Place of Death, {Give Street and Number.} 215 E Biddle st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25 1887

Undertaker, Matthew Cadogan

Place of Business, 127 Mulberry St *Address,* Campbell

James A Kenny M. D.

~~Medical Examiner.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Dr Holy Cross

Health Department, City of Baltimore.

Permit No. 98166 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lewis.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2.E. Cor. High & Lombard Sts.

Cause of Death, First (Primary), Phthisis. Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 18 months?

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 22d 1887

Undertaker, Henry W. Mears

Place of Business, # 413 E. Fayette St *Address,* 208 Aisquith St

Edward J. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98167 *Office of Registration and Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 23 1887
BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, Feb. 21st. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Skulty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 125 ~~Det~~ St. Chapel St. Prince

Cause of Death, First (Primary), Hemorrhage (Caused by placenta)

Second (Immediate), Exhaustion

Duration of Last Sickness, They say she had been bleeding over week

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus

Date of Burial, Feb 23. 1887.

Undertaker, Frank Enach

Place of Business, 827 N Durham Address, 1835 E Balto St.

E. J. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98168 *Office of Registration and Statistics.* Ward 9-E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

D

Date of Death, Feb. 21. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Levi

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give Street and Number.} 108 Hanover St.

Cause of Death, First (Primary), Spinal Disease

Second (Immediate), Paralysis and Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Congregation

Date of Burial, Feb 23

Undertaker, Evans & Spence

Place of Business, 1000 E. Balto St. *Address,*

A. B. Shuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9816 9 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weber.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland - Germany -

Duration of Residence in the City of Baltimore, 10 mos -

Place of Death, {Give Street and Number.} Killed by B & O Cars at Elevator "B" at Locust Point -

Cause of Death, First (Primary), Killed by being crushed between two cars -

Second (Immediate), ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St A Petronius Cemetery

Date of Burial, Feb 23d 1887

Undertaker, John S. Meacher

Place of Business, No 150 Saunders

Frank J. Flannery M. D.
Medical Attendant.

Address, 1701 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98170 *Office of Registrar of Vital Statistics* Ward 15

RECEIVED FEB 25 1887 REGISTRAR BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 21, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia A. Ann Tyson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 2 *Months,* *~~Days.~~*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter Girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} (2241) No 640 Hillen St

Cause of Death, First (Primary), Inflammation of Kidneys

Second (Immediate), Nephritis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 23 1887

Undertaker, S M Chase

Place of Business, 641 Howard St

J Ward C M. D.
Medical Attendant.

Address, 136 Druid

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9871 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT
FEB 23 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THE PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret H Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1141 Wiconico St

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetry,

Date of Burial, Feb. 23, 1887.

Undertaker, J B Cook

Place of Business, 1003 W. Fayette St *Address,* 125 Columbia ave

Geo R Graham *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department of the City of Baltimore.

HEALTH DEPT. CITY OF BALTIMORE FEB 25 1887 BALTIMORE MD

Permit No. 98172 — *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is required on the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, February 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles T Sauns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 6 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. ✓

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 919 North ave. —

Cause of Death, First (Primary),

Second (Immediate), Scarlet fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, Feb 23rd 1887

Undertaker, J H Cook

Place of Business, 1003 W Balto St *Address,*

D. G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98173 *Office of Registrar of Vital Statistics.* Ward 19th

CITY DEPT. OF HEALTH FEB 23 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, February 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pinkfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 1 *Months,* ✓ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Aneurism Aorta

Second (Immediate), Asthenia

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Feb 23rd 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

E. H. Engel. M. D.
Medical Attendant.

Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician to the Undertaker, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98174 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 21 — 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 207 S. Exeter St (or allen. al)

Cause of Death, First (Primary), Intestinal Obstruction

Second (Immediate), asthenia

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician. (over on other side)

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23d 1887

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St *Address,* 408 S. Exeter St —

D. Scott M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98175 Office of Registrar of Vital Statistics. Ward 12

HEALTH DEPARTMENT
FEB 23 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 22nd 4.45 am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Butler Dempsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give Street and Number.} 1607 John St

Cause of Death, First (Primary), Chronic Gastro-Enteritis. Pneumonia.

Second (Immediate), Exhaustion. Syncope

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 24th 1887

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St *Address,* 819 E. Chase St

J. B. Saunders M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

of this Certificate.

Health Department, City of Baltimore.

Permit No. 98176 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Steiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 wks.

Place of Death, {Give Street and Number.} # 8 Jarvis St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 23rd 1887

Undertaker, Ho. Sander & Son

Place of Business, 1708 & 1710 Eastern Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98177 *Office of Registrar of Vi[illegible]* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Baltimore Feby 21 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Elizabeth Danz.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 2 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gross Herzogthum Oldenburg Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 17 Wyoming st.

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 23th 1887

Undertaker, Chas T Scriven

Place of Business, 926 Madison ave

J. H. Lang M. D.
Medical Attendant.

Address, 105 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98178 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
FEB 23 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 87 Mother Page Jordan

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name Infant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All Ap

Place of Death, {Give Street and Number.} 249 Lindsay Ave 1309 new No

Cause of Death, First (Primary), Premature birth

Second (Immediate), Marasmus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, H B Park Cemetery

Date of Burial, Feb 24th 87

Undertaker, G. E. Boyle

Place of Business, City Hall

Edmund R Walker M. D.
Medical Attendant.

Address, 1021 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Certificate.

Health Department, City of Baltimore.

Permit No. 9879 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 22/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bozman

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 33 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 327 S Bond St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 23d

Undertaker, H. Lippert

Place of Business, 1511 Bond St *Address,* 2 N Broadway

Wm. J. Cathell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98180 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V Ruff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 1030 Johnson St

Cause of Death,
First (Primary), Cold & Natural Colon, 4 days no Complications
Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, Feb 24

Undertaker, B. Hagg

Place of Business, 115 W Mt St *Address,* 578 Lanvale

Howard Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98181

The Physician who attended any person in a last illness is responsible for the correctness and completeness of the information of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February twenty seven 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Noah Dennis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, White *Sex,* M

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Car driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 813 N Stricker St

Cause of Death, {First (Primary,) / Second (Immediate,)} "Angina Pectoris"

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Church Balto. Co.

Date of Burial, 25th Febry. 1887

Undertaker, H W. Jenkins & Sons

Place of Business, Park & Saratoga St.

Saml H Adams M. D.
Medical Attendant.

Address 1016 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
FEB 23 1887
BALTIMORE

Permit No. 98182 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Robinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 1143 Hilliard Alley

Cause of Death, First (Primary), Heart Mitral & Pericardial Insufficiency

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamper Cemetery

Date of Burial, Feb 23 1887

Undertaker, Alex Hemsley

Place of Business, 560 Orchard

John S. Huck M. D.
Medical Attendant.

Address, 1 Hyde Ave & Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98763 *Office of Registrar of Vital Statistics* Ward 19th

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Rebecca Hahlen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, twenty five *Years,* ~~*Months,*~~ *Days*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, fourteen yrs.

Place of Death, {Give Street and Number.} 62 (old no) Vincent alley

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, indefinite

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, By B&O Feb 23 1887

Undertaker, William Munger

Place of Business, No 150 East St

W W Knight M. D.
Medical Attendant.

Address, 220 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4333 Hanover

Health Department, [illegible] Baltimore.

Permit No. 9818[illegible] *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT
FEB 23 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (None) Fred Fisher twin & Parents (Twin)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* 1/4 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 919 Fawn

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 919 Fawn St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Prematition

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, Feb 23rd 1887

Undertaker, Fred Gaede

Place of Business, 108 S Caroline

J B Schwatka M. D.
Medical Attendant.

Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98185 *Office of Registrar of Vital Statistics.* 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malcolm C. Gladmon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} N. Mount St - No 1003

Cause of Death, First (Primary), Sanitation of Stomach & Bowels

Second (Immediate), Spasms

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Feby 24 87

Undertaker, Hedrick & Mowen

Place of Business, 36 Park Av & Mt Royal

L G Sharrow M. D.
Medical Attendant.

Address, N. Mount St No 1011

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4556 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David & Georgiana Bunny (child of

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1 *Day*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 500 W. Hoffman St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 500 W. Hoffman St.

Cause of Death, First (Primary,) Feeble health of mother

Second (Immediate,) Premature birth. Period of Utero-gestation about eight months

Duration of Last Sickness, 1 ●

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 23

W. H. Thompson M. D.
Medical Attendant.

Undertaker, George E. Brown

Place of Business, 94 St. Paul St. *Address* Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

Permit No. 9818 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* [illegible] after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee, Sarah, Mary

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1130 McCulloh St

Cause of Death, First (Primary), Laryngeal Consumption

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Feby 23/87

Undertaker, Keerl & Warren

Place of Business, 38 Park Ave

Thomas Shearer M. D. Medical Attendant.

Address, 345 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

HEALTH DEPT. FEB 28 1897

Permit No. 98188 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia J Robinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1613 Lexington St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), uraemic coma and convulsions

Duration of Last Sickness, I do not know the disease was far advanced when I first saw her

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 24/97

Undertaker, Stewart & Mercer. 357 Park ave

Place of Business, Bdy & Mt Royal Address, 215 W Lanvale

H. A. Chew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98189 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPT. FEB 23 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, July 22d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Phillips

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* ~~Months,~~ ~~Days.~~

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 26 S. Madeira Alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, (1) Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feb 24th 1887

Undertaker, G. France

Place of Business, & Address, 84 Gay Bank and Aisquith 85

James A Steuart M. D.

~~Medical Attendant~~

Corner Gay & O'C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John Mc. De Goey Inspector

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back ... Certificate.

Health Department, City of Baltimore.

Permit No. 98191 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feb 20 — 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Magness

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N E Cor Washington Ave & Orleans St

Cause of Death, First (Primary) Fracture of Skull Caused by Kick of a horse

Second (Immediate), Shock Cerebral Compression

Duration of Last Sickness, Twenty Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 23 rd 1887

Undertaker, John Hennessy E H Rutledge M. D. ~~Medical Attendant.~~ Coroner

Place of Business, 382 Eden *Address,* 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98191 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

A

Date of Death, February 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Saterwhite

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 21 *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Infant

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months & 21 days

Place of Death, {Give Street and Number.} 628 N Bethel Street

Cause of Death, First (Primary), Laryngismus Stridulous

Second (Immediate), Apnoea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23rd 1887

Undertaker, William Dunce

Place of Business, 150 East St

Jno. H. Pickel M. D.
Medical Attendant.

Address, Old No. 256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98194 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 22nd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Elder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 5 *Months,* 19 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoe cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 509 Barre st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb 24th

Undertaker, J. W. Ford

Place of Business, 421 Hanover

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 610 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18193

Office of Registrar of Vital Statistics.

Ward 17 2

HEALTH DEPARTMENT
FEB 28 1887
BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Jenkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 17 W. West St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Feb 23rd 1887

Undertaker, Bernard Hark

Place of Business, 115 West St

S. C. Burch M. D.
Medical Attendant.

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...possibly omitted to be entered in the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98194 *Office of Registrar of Vital Statistics.* Ward 17 C

HEALTH DEPARTMENT RECEIVED FEB 23 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina Sauer

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. — in U.S. 17 yrs.

Duration of Residence in the City of Baltimore, 17

Place of Death, {Give Street and Number.} 2000 Goodman al

Cause of Death, First (Primary), Cancer. ?

Second (Immediate), Peritonitis

Duration of Last Sickness, about 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Feb. 25

Undertaker, B. Hagg

Place of Business, 112 West St. *Address,* 1122 N. Mount st.

Edward H. Condon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore. 151

Permit No. 9819 5 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT, FEB 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah P Heaving

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 14 Lee st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 25th 87

Undertaker, E. J. Swanson

Place of Business, 703 & 705 Aisquith *Address,* 166 [illegible]

H W Webb M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98196 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feby 22/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline W. Peter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 527 Rose St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, 1st German United Cemetery

Date of Burial, Feby 24th 1887

Undertaker, Wm Nicolaus

Place of Business, 1715 Alice Anne

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98197 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 — 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lally

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Dark

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 124 Conway St.

Cause of Death, {First (Primary), Cancer of Breast

{Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24 1887

Undertaker, Hercules Ross

Place of Business, 404 E. Monument St

J. Ellis Smith M. D.
Medical Attendant.

Address, 540 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8198 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dugan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America U States Va

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 10 Wine St

Cause of Death, First (Primary), Collapsus

Second (Immediate), acute Malarr. Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Point

Date of Burial, Feb 24 1887

Undertaker, Hennicke, Ross

Place of Business, 404 E. Lombard St

John O'Kremier M. D.
Medical Attendant.

Address, 667 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98199

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 24 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Laton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 12 East St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Cassel Cemetery

Date of Burial, Feb 24th 1887

Undertaker, H. H. Dunge

Place of Business, 160 East St

I. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98200 *Office of Registrar of* [illegible] Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21/87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Betty Tolivee none Tolivee

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* one *Days*

Color, d

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 314 Vincent Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 1433 vincent Alley

Cause of Death, First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Sharps st cemetry

Date of Burial, Feb 24th 1887

Undertaker William Monroe

Place of Business, No 150 East st

Wm L Lemmon M. D.
Medical Attendant.

Address, 1637 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98201 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE

13

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb. 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Mann.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 20 ½ Neighbor St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup, with Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Feb 24, 1887

Undertaker, Henry McGinnis

Place of Business, ~~200 N. Central~~ *Address,* Chas St. & Forrest Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18202 *Office of Registrar of Vital Statistics* **Ward** 19

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Leyendecker.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 5 *Months,* 7 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give Street and Number.} No 311 N Bond St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, About 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Feb 25

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave *Address* No 662 W Lexington St.

Jno. A. Pethoz, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8203 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard B Pipes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 23 *Days*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 922 Gordon St.

Cause of Death, First (Primary), Rickets.

Second (Immediate), Teething - Hydrocephalus

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25. 1887

Undertaker, Alex Hendley

Place of Business, 561 Cathedral

W. P. Morgan M. D.
Medical Attendant.

Address, 315 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98204 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Ninety *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A. - Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 42 Chestnut st

Cause of Death, First (Primary), Bronchopneumonia

Second (Immediate), Paralysis Heart

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows

Date of Burial, Feb 24

Undertaker, John Hoover

Place of Business, 502 Park Ave

J. E. Gorsuch M. D.
Medical Attendant.

Address, 1116 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98205 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Shultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 0 *Months,* 0 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 906 N Gilmor St.

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem

Date of Burial, Feb 24/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

H. F. Weber M. D.
Medical Attendant.

Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9820 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George P. Kerner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 1004 N. Washington St

Cause of Death, First (Primary), Nephritis

Second (Immediate), Uraemia

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 26th 1887

Undertaker, H. Fink & Son

Place of Business, 915 N Gay St *Address,* 733 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98257 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 45 *Years,* —— *Months,* —— *Days.*

Color, Dark Brown. (Negro.)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown.

Occupation, Unknown - supposed to be a laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give Street and Number.} Bauswiler's Lime Kiln.

Cause of Death, First (Primary), Supposed to have been overcome by gas from the burning lime and, falling into the Kiln was burned to Second (Immediate), death.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Feby 23/87

Undertaker, Geo. E. Brown

Place of Business, Health Office

Frank J. Flannery M. D.
Medical Attendant.
Coroner
Address, 1701 Dr. Hill ave. over.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98108 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catharine Ginter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, assisting about her own house

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, over 50 years

Place of Death, { Give street and Number. } 535 Biddle alley

Cause of Death, First, (Primary,) Decay from old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feb 25.

Undertaker, Walter Immel

Place of Business, 59 & W. Bidder

Caleb Winslow M. D.,
Medical Attendant.

Address, 924 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Co-operation of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98209 *Office of Registrar of Vital Statistics.* Ward 13th

REGISTERED FEB 24 1897 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, February 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCaron

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 316 Bartlett av

Cause of Death, {First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 25th

Undertaker, J J Bowman

Place of Business, 83 Baltimore St *Address,* Cor Columbia & Bernard Ave

Wm H Alderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9820 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malachi Quinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Inst. Little Sisters Poor

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 24 1887

Undertaker, Jas O Byrne

Place of Business, 63 Front St

Thos Brooke Foy M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9821 — *Office of Registrar of Vital Statistics* — Ward 14th

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the prescription of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hammond Owings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 18 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1028 Hopkins Av

Cause of Death, First (Primary), Tuberculous Meningitis,

Second (Immediate), Comal,

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Friendship, Anne Arundel Co Md,

Date of Burial, Feby 25th

Undertaker, F. W. Ivell

Place of Business, 121 Hanover St *Address,* 505 N Carrollton Av

Chas. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

455 Sunset

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9242 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Campbell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 612 Saratoga

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 25th 1887

Undertaker, M. Cadogan

Place of Business, 696 Mulberry st

Geo B Reynolds M. D.
Medical Attendant.

Address, 711 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 14

Permit No. 9813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this ... accurately ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ... deceased, ... sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, FEB 24 1887 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Chandler

Sex, ~~Male~~, *Female,* {cross out the word not required in this line.}

Age, 54 *Years,* — — *Months,* 24 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 74 Edmondson Ave

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Exhaustion

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Friday 25th 1887

Undertaker, J. E. Monghan

Place of Business, 1408 Penna Ave

E. M. Lee M. D.
Medical Attendant.

Address, 602 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9817 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

V

Date of Death, February 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Baden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* 17 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Würtemberg - Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 1313 N Central Ave

Cause of Death, First (Primary), Old age

Second (Immediate), Apoplexy

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, February 25 1887

Undertaker, Henry Koch

Place of Business, 1223 N Central ave *Address,* 1010 Fairmount St.

Chas Henry Nevs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98215 *Office of Registrar of Vital Statistics.* Ward, 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Minton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 111 Stirling Pl

Cause of Death, First (Primary), Old Age.

Second (Immediate), Debility

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Feb 25, 1887

Undertaker, Henry Breslin

Place of Business, 123 Eutaw St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 208 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8216 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FRANK DUBBELL
FEB 14 1887
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, July 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Grayson Wayson

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, — *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 127 Hudson St Eng

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 127 Hudson

Cause of Death, First (Primary), Died of birth

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, February 24th

Undertaker, W L Lashley

Place of Business, 117 S Bond Street. Address. 2026 Eden St

E A Fornoy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9817 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 23" 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara. Menzinger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

Age, 37. *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, House keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give Street and Number.} 106 A" Dulaney Pl

Cause of Death, First (Primary), ———

Second (Immediate), Consumption

Duration of Last Sickness, (5) Five years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feby 25" 1887

Undertaker, G. France

Place of Business, ——— *Address,* ———

James A Timms M. D.
Medical Superintendent.
Comm" of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Dudany Inspector

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9218 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, Febry 23/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eulalia Berry

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Religious

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Texas

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Sisters of Providence - Chase & Forest

Cause of Death, First (Primary), Phthisis Pulmon

Second (Immediate), Cachexia

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 25 1887

Undertaker, James B Byrne

Place of Business, No 63 N Front *Address,* 114 Park ave

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7829 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1414 Cookie

Cause of Death, First (Primary), Measles

Second (Immediate), Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 25th 1887

Undertaker, Frank Flannery *M. D.*

Place of Business, 263 Light St *Address,* 701 Dr. Hill ave. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18220 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ludwig.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give Street and Number.} 629 N. Dolphin.

Cause of Death, First (Primary), old age.

Second (Immediate), Softening of the brain.

Duration of Last Sickness, three years or more

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Pa

Date of Burial, Feby 25th 1887

Undertaker, Stewart & Mowen

Place of Business, 31 Park ave. *Address,* 315 W. Monument St.

W. T. Morgan *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4558 Grant

[OVER.]

Health Department, City of Baltimore.

Permit No. 8221

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 10
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 2.23.87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Cooke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, ad

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 72 Stiles (Old no)

Cause of Death, First (Primary), age

Second (Immediate),

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 24 1887

Undertaker, Ellis Chase & Lewellyn Eastman

Place of Business, 621 Hanover St *Address,* 319 Lee St

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9822 — *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Susan Banks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 917 Harmony Lane

Cause of Death, First (Primary), Heart Disease (Mitral regurgitation)

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Potter's Field

Date of Burial, Feb. 24 — 1887

Undertaker, C. W. Chase

Place of Business 691 Monroe St *Address,* Balto Sch. Disp.

Walter Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98228 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feby. 24. 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Beck.

Sex, ~~*Male.*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66. *Years,* 10. *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years,

Place of Death, {Give Street and Number.} 1814 Druid St.

Cause of Death, First (Primary), Paralysis,

Second (Immediate), Prostration

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave *Address,* 1803 Jr. Druid St

L. N. Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98224 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 24. 7h 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Bate

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hannibal Mo & Germany

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} 920. N. Charles St

Cause of Death, First (Primary), Diseas of Heart & Asthma

Second (Immediate), Asthma

Duration of Last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 27th 1887

Undertaker, A. Fink & Son

Place of Business, 913 N Gay St *Address,* 1300. E. Balto St.

Wm H Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8125 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Stall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 1212 N. Carolina

Cause of Death, First (Primary), Cold abscess —

Second (Immediate), asthenia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Feb 25. 87

Undertaker, Wm. H. Hickman

Place of Business, 2340 E. Gay *Address,* 4039 N. Eden 4 —

D. Streett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9826 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 74

Date of Death, Feb 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Jonis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5-2 *Years,* ——— *Months,* ——— *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Porter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy.

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give Street and Number.} Md. Gen. Hospital.

Cause of Death, First (Primary), Acute Spinal Paralysis

Second (Immediate), Asphyxia.

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 26th 1887

Undertaker, Dunn & Mitchell

Place of Business, 208 S Broadway

Robert Bond M. D.
Medical Attendant.

Address, Md. Gen. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98227 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine McKevitt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1301 Holbrook

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Gunnit Alley

M B. Billingslea M. D.
Medical Attendant.

Address, 1206 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, ~~City~~ of Baltimore.

Permit No. 9828 *Office of Registrar of Vital Statistics.* Ward 13 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 the '97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jennie Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 15 Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Gracie Court

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give Street and Number.} ~~Gracie Court~~ (405) King St.

Cause of Death, First (Primary), Infantile Marasmus - (Convulsions from intestinal irritation)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Bur

Date of Burial, Feb 27th 1897

Undertaker, A. Ross

Place of Business, ~~

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9822 9 *Office of Registration of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Schreiber.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 0 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} 160 Lombard & Durham Alley

Cause of Death, First (Primary), Hemorrhage (Cut throat)

Second (Immediate), Exhaustion Suicide

Duration of Last Sickness, 21 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 26 February

Undertaker, Wm A Funk

Place of Business, 1403 Bank St

S. T. Hoffman M. D.
Medical Attendant.

Address, 812 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98230 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is requested to fill out the annexed Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 24th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 10 *Months,* ——— *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 826 Chesapeak St

Cause of Death, First (Primary), Dentation & Pertussis

Second (Immediate), do do Convulsion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 26 - 87

Undertaker, M. Coleman & Co

Place of Business, 92 O. Ave *Address,* 2830 O Donnell St

J. E. Richards M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98231 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hessy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1002 N. Stricker St. Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1002 N Stricker

Cause of Death, First (Primary), Hypertrophy of heart.

Second (Immediate), Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feby 25 87

Undertaker, Joseph B. Cook

Place of Business, W Balls St.

Geo. W. Norris M. D.
Medical Attendant.

Address, 1520 Presbman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. — [over.]

Board of Health, City of Baltimore, 12

OFFICE OF THE REGISTER OF VITAL STATISTICS.

Permit No. 98232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twelve hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 24. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Gallagher

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 5-5- *Years,* ..... *Months,* ..... *Days.*

Color, White -

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York -

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 1105 Park Ave.

Cause of Death, First, (Primary,) Cerebral Hemorrhage -

Second, (Immediate,) Coma -

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 2 6th 1887

James Brown M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty

Address, 1216 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 9233 *Office of Registrar of Vital Statistics* Ward 18

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feby. 24" 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex" Barnes.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~~~ *Years,* ~~~~ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 74 Ward St.

Cause of Death, First (Primary), Congenital non closure foramen ovales

Second (Immediate), Cyanosis.

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 26" 1887

Undertaker, C.B. Cook & Son

Place of Business, Balto St

James Kemp M. D.

Medical Superintendent.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Dunning = Inspector

Health Department, City of Baltimore.

Permit No. 98234 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Rofs

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Black.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore.

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give Street and Number.} Old 105 New 240 Spring St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Acute Pneumonia & Exhaustion

Duration of Last Sickness, 9 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 26

Undertaker, John E Grace

Place of Business, 1021 Caroline St

John A Schultz M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18285

Office of Registrar of Vital Statistics.

Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brandl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 9 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 533 S Chapel st

Cause of Death, First (Primary), Chronic Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb. 26th 87

Undertaker, G. Francy

Place of Business, Bank & Wolfe St. *Address,* 820 N Broadway

Wm F Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98236 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Büttner Buttner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 116 S. Castle St.

Cause of Death, First (Primary), Pleuro - Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 4 wks - Said to have been

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Feb. 26th 87

Undertaker, G. O'Hara

Place of Business, Dorn & Wolfe Sts. Address, 624 N. Eutaw St

Oscar J. Eaton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 18237

Office of Registrar of Vital Statistics

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, Feb. 23-87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 104 Elbow Lane

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, ~~Feby 26 1887~~

Undertaker, ~~[illegible]~~

Place of Business, 641 Shroud St

J. Taylor Smith M. D.
Medical Attendant.

Address, 540 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8238 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Executed Certificate.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 25, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Thomas White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Captain of Sailing Vessel

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Snow Hill, Md.

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, {Give Street and Number.} 709 Mulberry St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Worcester Co. Md

Date of Burial, Feb 25th 1887

Undertaker W. Cadogan

Place of Business, 227 W. Mulberry St. Address, 76 S. Paca St

H Hearn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

45-59 years

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9239 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE MD.

94

CERTIFICATE OF DEATH.

Date of Death, February 25 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Dietz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give Street and Number.} Union Protestant Infirmary

Cause of Death, First (Primary), Cancer of the Bladder

Second (Immediate), Ulceration of the Bowels

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 26th

Undertaker, Charles Schaler

Place of Business, 536 Pennsylvania Address, 550 Gilmor St

C. Fawcett M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9820 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT FEB 25 1887 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent, Co Md

Duration of Residence in the City of Baltimore, about 18 Years

Place of Death, {Give Street and Number.} Carlton St # 122

Cause of Death, First (Primary), Disease of the Heart

Second (Immediate),

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount St

Date of Burial, Feb 27th 1887

Undertaker, Alex Hemsley

Place of Business, 361 Orchard *Address.*

L G Spanow *M. D.*

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9824 1 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT
FEB 25 1887
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 23d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daphie ~~Mitchell~~ Butler

Butler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months.* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Wash woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 96 Lee St

Cause of Death, First (Primary), Apoplexy.

Second (Immediate),

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1887

Undertaker, Denny & Mitchell

Place of Business,

E. Incheme M. D.
Medical Attendant.

Address, 822 Hoff

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9824 2 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT FEB 29 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 24 Feb. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} X

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis, Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 856 Franklin st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 27th 1887

Undertaker, Wm Weaver

Place of Business, #302 N. Eutaw *Address,* 1103 W. Fayette st

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
FEB 25 1887
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Spalding

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 70 *Years,* 10 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Mon

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Frederick Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 567 Dolphin St

Cause of Death, { First (Primary,) Chronic Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness, one year — only seen by me on day of death.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, Feb 26

Undertaker, C M Blizzard

Place of Business, 1139 Penn ave

H. Winslow M.D.
Medical Attendant.

Address, 412 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98244 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1887

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Piatkoska

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ~~Single~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 902 S. Wolf St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Aghonsus Limits

Date of Burial, Feb 26 87

Undertaker, Felix Broskowski

Place of Business, 1732 Wilkens Ave

John H. Rehberger M. D.
Medical Attendant.

Address, #1709 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98245

Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

a

Date of Death, Feby 25. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lauenach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 329 S. Calhoun St.

Cause of Death, First (Primary) Submentum Croup

Second (Immediate), Suffocation

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Febr 26

Undertaker, Walter Immel

Place of Business, 594 W. Biddle *Address,* 1803 N. Patterson Pk

C. R. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98246 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 26 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Feby 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Lautenbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All [illegible] life

Place of Death, {Give Street and Number.} 75 W West St

Cause of Death, First (Primary),

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, February 27

Undertaker, B. Hall

Place of Business, 113 West St *Address,* 75 W Fayette St

Signed C. H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98247 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1887 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Supposed to have been on or about 27 day Nov. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Mills {Residence Saratoga St 3rd door East of Schroeder St.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 70 *Years,* —— *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Found Feb 25 floating in water at Evans's Store 3d foot York St

Cause of Death, First (Primary), Drowning

Second (Immediate), Asphyxia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~227 Hanover St~~ Loudon Park

Date of Burial, 26th February

Undertaker, Matthew Cook Coroner

Place of Business, 227 Hanover St *Address,* 1701 Or this ave.

Frank J Flannery M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9848 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Jung

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Cap Box Makers

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hesse Cornstadt Germany 37 yrs

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 126 W Pratt st over Manuel

Cause of Death, First (Primary), Interstitial Nephritis

Second (Immediate), Pneumonia

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Elm.

Date of Burial, Feb 27th 1887

Undertaker, C. F. Brausesdon

Place of Business, 703 Hanover

Ira L Emrich M. D.
Medical Attendant.

Address, 1419 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98249 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Ashland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} No. 2 Sassafras St.

Cause of Death, First (Primary), Consumption (Phthisis Pulmonalis)

Second (Immediate),

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 29th

Undertaker, J. J. Govan

Place of Business, 89 Hollins St

Thos. Wilson M. D.
Medical Attendant.

Address, 20 Hanover Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98250 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Brights Disease & Cystitis

Second (Immediate), Heart Failure

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 26th 1887

Undertaker, John J Andrews

Place of Business, No 407 & 409 Druid Hill Ave *Address.*

William F Carter M. D.
Medical Attendant.
City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98251 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED FEB 27 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brandt -

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md -

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 198 S. Chapel St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 26. 1887

Undertaker, G. E. Lauer & Son

Place of Business, Canton Av. *Address,* 707 S. Edwards -

N. J. Dashiell Jr. M. D.,
Medical Attendant.

NEW MSS. TYPE & TYPE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 6252 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Feb 26 - 87 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Neale Eaton

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, *Years,* *Months,* 11 Days

Color, white -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1307 E. Monument St

Cause of Death, First (Primary), Trismus neonatorum -

Second (Immediate), Exhaustion -

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb. 27th '87

Undertaker, Geo. Schilling

Place of Business, Ashland Sq.

Irving Miller M. D.
Medical Attendant.

Address, 1307 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 98253. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel Shaughnessy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 1300 Aisquith St.

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Bronchitis & age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 28th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmit Ave

Jno. Burke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98254 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loyd Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 244 S Spring

Cause of Death, First (Primary), Aneurism of Carotid

Second (Immediate), Over Heart Stimulation

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27 1887

Undertaker, H. T. Dungan

Place of Business, 160 East [illegible] *Address,* 2 N Broadway

Wm. J. Cather M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98255 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT FEB 20 1887 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Hopson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 8 *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mercer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Prince Georges Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 43 old number Jefferson

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Rheumatism Heart Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27 1887

Undertaker, H. A. Dungee

Place of Business, 150 East St

J. J. Chew M. D.
Medical Attendant.

Address, 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9256

Office of Registrar of Vital Statistics

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wash Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 1711 Mullikin's Ct

Cause of Death, First (Primary), Cancer of Stomache

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1887

Undertaker, H. M. Dungee

Place of Business, 150 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 200 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Co-operation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9857 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sinai Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 510 N. Eden St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1887

Undertaker, W. T. Dungee

Place of Business, 150 East St. *Address,* 1201 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ntion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9825-8 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 26th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Mirsch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 66 *Years,* 7 *Months,* *Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1906 Fairmount Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, February 27

Undertaker, H. Dipsel

Place of Business, 151 S. Bond St. *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98257 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febry 24.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Gantz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 17 Stockholm St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Hemiplegia

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Burn

Date of Burial, Feb 29th 1888

Undertaker, William Dunges

Place of Business, 150 East St

Wm H Alderdice M. D.
Medical Attendant.

Address, Cor Columbia & Fremont Aves

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18260 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT 27 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 35 Yellow Alley

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb 28 1887

Undertaker, A. Grant & Son

Place of Business, 915 W. Fayette St

F. H. Rohrer M. D.
Medical Attendant.

Address, 735 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9826[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98261 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Febry 26th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Witz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 8 *Months,* *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Old 451 N Gay st

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1st 1887

Undertaker, J. Tough & Son

Place of Business, 915 N. Gay St *Address,*

D M Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98262 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1887 BALTIMORE

Date of Death, Feb 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Sharp

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 622 McElderry st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27 1887

Undertaker, J J Locks

Place of Business, 14-21 Jefferson *Address,* 1201 N. Eden St

E. B. Henry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18263 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 25 1887

Full Name of Deceased, {Write legibly and correctly. If an infant not named, give name of parents.} Mary O'Brian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 909 Saratoga

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27 1887

Undertaker, Hercules Ross

Place of Business, 404 Cantaloupe St *Address,* 697 Mulberry St

Louis C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98264

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

FEB 27 1887 BALTIMORE

Date of Death, 26th 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Brandt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Polish

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boy dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 131 E Monument St

Cause of Death, First (Primary), Valvular disease of Heart

Second (Immediate), Cardiac failure

Duration of Last Sickness, Caused 1 day Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 27. 87

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

J. W. Stoner M. D.

Medical Attendant.

Address, 131 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18265 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1887 BALTIMORE

Date of Death, Feb 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Villiarde

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 65 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Peddler or "Horse doctor"

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland -

Duration of Residence in the City of Baltimore, 10 or 12 yrs.

Place of Death, {Give Street and Number.} Burned to death at 220 S. Eutaw St. While under the influence of liquor.

Cause of Death, First (Primary), Extensive burns on the lower Extremities together with the effects of alcoholic Second (Immediate), Excess; shock being the immediate Cause of death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chebe Shalom Cemetery

Date of Burial, Feb 29 1887

Undertaker, Evans & Ikner

Place of Business, 1000 E Balto St

T. J. Flannery M. D.

~~Medical Attendant~~, Coroner

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 95266 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Shepard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7/12 *Years,* — *Months,* — *Days*

Color, Light Brown Skin

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give Street and Number.} No 658 Wheeler Ally

Cause of Death, First (Primary), Fatty Liver

Second (Immediate), Jaundice Exhaustion

Duration of Last Sickness, Seven weeks & Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 27th 1887

Undertaker, Sam'l M. Chase

Place of Business, 641 S. Howard St *Address,* 1227 E Fayette Street

Whitfield Rivers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 9826 7 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1887 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Kritsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* 6 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Store keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 512 S. Fremont st

Cause of Death, First (Primary), Erysipelas (Idiopathic)

Second (Immediate), Coma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 28th 1887

Undertaker, Ernst Schlosser C. L. Buddenbohm M. D. Medical Attendant.

Place of Business, 623 Shar *Address,* 610 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 98268

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Feby. 23 — '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 243 Chestnut St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Pr. Public Cem

Date of Burial, Feb 27th 1887

Undertaker, George Pinkard

Place of Business, City Hall

Alexander Hill, *M. D.*
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18269 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th - 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr. James H. Parker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months.* — *Days*

Color, White -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dentist -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia -

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give Street and Number.} 641 N. Calhoun St.

Cause of Death, First (Primary), Organic Heart Disease -

Second (Immediate), Angina Pectoris.

Duration of Last Sickness, 24 hours - But Heart disease of several years duration -

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feby 27th 1887

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4560 Frank

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98270 *Office of Registrar of Vital Statistics.* Ward 21 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C Gibson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island

Duration of Residence in the City of Baltimore, some years

Place of Death, {Give street and number.} No 105 old No. Roberts St

Cause of death, First, (Primary.) Pulmonary + Mesenteric Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 years, one week in bed

All the above information should be furnished by the Physician.

Place of Burial, Kent Island Md

Date of Burial, March 1st 1887

Undertaker, Denny & Mitchell

Place of Business, 5 50 W Fayette St

R. W. Mifflin M. D.,
Medical Attendant.

Address, 425 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 9827

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, Feb 24 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Harris

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give Street and Number.} 216 N. Wm St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Balto Co

Date of Burial, Feb 27 1887.

Undertaker, H. H. Madden

Place of Business, 46 East St

G. F. Laytha M. D.
Medical Attendant.

Address, 728 N. Bl[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8272 *Office of Registrar of Vital Statistics* Ward 4

HEALTH DEPARTMENT, FEB 28 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 25. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard O'Neil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, White.

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 57 N. Front St.

Cause of Death, First (Primary), Old age

Second (Immediate), Chronic Cystitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, February 28 1887

Undertaker, James O'P. Byrne

Place of Business, No 63 N. Front St *Address,* 1005 E. Baltimore St

C. W. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98273 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 27. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friderika Reuting

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 3 *Months,* 9 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 711 W. Lexington St.

Cause of Death, First (Primary), Pulmonary Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1st

Undertaker, Jos. Sanders & Son

Place of Business, 210 N. Johnson *Address,* 305 N. Gay St.

W. F. Akemp M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 98274 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Barbara Lang

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Managing her household

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give street and Number. } 524 Dolphin

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Suffocation

Duration of Last Sickness, Many Years Confined 6 bed 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb 28

Undertaker, C M Bayard

Place of Business, 1139 Penn ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 924 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 98275 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Register Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J. Strohmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Galveston Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S.E. Cor Stricker & Baker Sts

Cause of Death, First (Primary), Epileptic Convulsions

Second (Immediate),

Duration of Last Sickness, five Months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Homeleen

Date of Burial, Feby 28/87

Undertaker, Wm J. Tickner

Place of Business, 221 Scutaw St *Address,*

L G Sparrow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 18276 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Herbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md-

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 829 Woodward st -

Cause of Death, First (Primary), Epileptic Spasms

Second (Immediate), Probably Paralysis of heart.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feby 28/87

Undertaker, Wm J Dickner

Place of Business, 221 S Eutaw St

Frank J Flannery M. D.
Coroner. Medical Attendant.

Address, 170 W. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 8277 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
FEB 28 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* —— *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, N K

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, L. B.

Place of Death, {Give Street and Number.} 624 Scott, Sh

Cause of Death, First (Primary), ——

Second (Immediate), Phthisis. Pulmonalis.

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1st 1887

Undertaker, Wm. J. Fuchsner

Place of Business, 221 S. Eutaw St *Address,* [illegible]

Jno. A. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 9827 8 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Feb 26, 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hare

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married.

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bucks Co Pa. V

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} Md. Genl Hospital.

Cause of Death, First (Primary), Phthisis pul acute

Second (Immediate), Asthenia.

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Cem.

Date of Burial, Feb 28th 1887

Undertaker, Wm. H. Collison

Robt Bond M. D.
Medical Attendant.

Place of Business, 746 Columbia Address, Md. Genl Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 98279 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT BALTIMORE MD FEB 28 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Frey Sen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Nordlingen Germany 34 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 Penn St.

Cause of Death, First (Primary), Cirrhosis

Second (Immediate), Ascites

Duration of Last Sickness, Two Years

V

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 1st 1887

Louis Hatz M. D.
Medical Attendant.

Undertaker, Th. J. Hill & Son

Place of Business, 746 Columbia *Address,* Pmyotte (Cor) & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited ...

Health Department, City of Baltimore.

Permit No. 18280 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 10 *Days.*

Color, ℂ.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 558 N. Riddle st

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 558 N. Riddle st.

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate), — — — —

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28. 87

Undertaker, Alex Hemsley

Place of Business, 561 Orchard st

G. W. Annis M. D.
Medical Attendant.

Address, 1501 Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98281 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard R Shane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 645 W Fayette St

Cause of Death, First (Primary), Chronic Malaria

Second (Immediate), Tuberculosis (Hepatization)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Feby 28th 1887

Undertaker, J Geo Yough & Co

Place of Business, 1408 Penna Ave *Address,* 645 W Fayette

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is respectfully invited [illegible]

Health Department, City of Baltimore.

Permit No. 98282 — *Office of Registrar of Vital Statistics.* — Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE FEB 28 1887

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother — Julia Shirley
Father —

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female,

Age, — *Years,* — *Months,* Two *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single,

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternity, 113 & 115 W. Cumberland St.

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give Street and Number.} Maternity 113 & 115 W. Cumberland St.

Cause of Death, First (Primary), Bronchitis,
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Removed for Anatomical
Date of Burial,
Undertaker, Jenkins
Place of Business,

L. F. Adkins M. D.
Medical Attendant.
Address, 113 & 115 W. Cumberland St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians ...

Health Department, City of Baltimore.

Permit No. 98283 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1887

CERTIFICATE OF DEATH.

Date of Death, February 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Landy Beach Platt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months.* *Da*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster & Fruit Packer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Haven Conn.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} Dr. Donaldson's Asylum & Lanvale St.

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate),

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 1st 1887

Undertaker, Hall Watkins & Hall

Place of Business, Park & Saratoga

A. T. Bell M. D.
Medical Attendant.

Address, 3 E. Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni... within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth ... far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, a... the cause and date of death.

[OVER

Board of Health, City of Baltimore.

FEB 28 1887

BALTIMORE, MD.

(10

Permit No. 98284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter C. Taneyhill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fife *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 357, Lexington Street

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate.) Tuberculor meningites

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 2nd 1887

Morris Steiner M. D.

Medical Attendant.

Undertaker, Joe B. Cook Jr.

Place of Business, 707. W. Baltimore *Address* 744 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death. to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to ...

Health Department, City of Baltimore.

Permit No. 98285 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Crone

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 55 *Years,* 5 *Months,* ... *Days.*

Color, White ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, Detective

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. A. Balto

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 33 E Fayette St

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 1/87

Undertaker, W. A. Wiper Catty, J. E. Gorsuch M. D.

Medical Attendant.

Place of Business, 229 S Balto St. *Address.* August 8 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

8

Permit No. 98286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 29 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Date of Death, February 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph M. Hesse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Delirium Tremens

Second (Immediate,) Suicide

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 1st

Undertaker, George Schilling

Place of Business, 18 Lexington

S. P. Hoffman M. D.
Medical Attendant.

Address 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9287 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 27th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Shaffer,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 11 *Days.*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Single ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 mos & 14 days.

Place of Death, {Give Street and Number.} # 1138 McKim Street.

Cause of Death, First (Primary), Congestion of Lungs,

Second (Immediate), Convulsions,

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount West via B. & O. R. R.

Date of Burial, Feb 28th

Undertaker, George H. Killing

Place of Business, Fallsway cor.

Lewis F. Powell M. D.
Medical Attendant.

Address, ~~W. Lg~~ Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 98288 *Office of Registrar of Vital Statistics* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Black

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 2027 Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, over 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 1st 1887

Undertaker, M. A. Daugherty Geo E Reynolds M. D.

Medical Attendant.

Place of Business, 229 S. B. Way *Address,* 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98289 *Office of Registrar of* ~~Vital Statistics~~ Record 95

The Physician who attended any person in a last illness, is responsible for the preparation of the certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD

D

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb 26th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily M. Wilson

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Forty Two Years

Place of Death, {Give Street and Number.} 100 North St

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st

Undertaker, Evans & Speer

Place of Business, 1000 E Balto St

D. Worthington M. D.
Medical Attendant.

Address, Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 18290 *Office of Registrar of Vital Statistics,* 28 Feb 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without [illegible]

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 27th Feb. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Michael

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 2102 Pennsylvania av

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 2102 Pa. av

Cause of Death, First (Primary), Premature birth

Second (Immediate), This was a seven months child

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb 28th 1887

Undertaker, S. W. Leonard & Son

Place of Business, New #1058 Baltimore

John Hood M. D.
Medical Attendant.

Address, 1403 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

Permit No. 98291 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gaines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 166 W. Hamburg Phthisis Pulmonalis

Cause of Death, First (Primary), ...

Second (Immediate), Abscess 2 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Marshall Cemetery

Date of Burial, Feb 28 1887

Undertaker, Hercules Ross

Place of Business, 404 Conway St

R. H. Ellis M. D.
Medical Attendant.

Address, 915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore

Permit No. 98292

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

OFFICE OF REGISTRATION AND VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Naasmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 911 Druid Hill Ave

Cause of Death, First, (Primary,) Localized Degeneration of

Second, (Immediate,) Brain & Pareses

Duration of last Sickness, About two Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, March 1.

Edw. B. Rhodes M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 194 W. Biddle St. *Address,* 867 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases...

Health Department, City of Baltimore.

Permit No. 98293 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 26, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kraft

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 620 S Fulton

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry *Address,* 319 Hollins

Jno Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 18294 *Office of Registrar of* [illegible] *Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sarah R Walter Feby 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months.* 7 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City — √

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 1530 W Lexington St

Cause of Death, First (Primary), Simple Meningitis probable Tuberculosis,

Second (Immediate), Convulsions

Duration of Last Sickness, During Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 1st 1887

Undertaker, John J Andrews

Place of Business, No 407 & 409 Druid Hill Ave *Address,* 1058 W Fayette St

C J Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 98295 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the accurate filling of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow or Widower,* {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 931 Canton St

Cause of Death, First (Primary), Consumption

Second (Immediate), " & old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Road M. E. Cemetery

Date of Burial, March 1st 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S. Broadway

J H Mark M. D.
Medical Attendant.

Address, 910 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98296

HEALTH DEPARTMENT
FEB 28 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27. 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinnis Keough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Color

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Edmund Court

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 28 1887

Undertaker, Maryan # Pye

Place of Business, 9 Mulberry St

J J Ware M. D.
Medical Attendant.

Address 605 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 27 1887 BALTIMORE, MD.

Permit No. 98297 *Office of Registrar of Vital Statistics.* Ward 26th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Augustus Dowery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brown's Court #925 Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Brown's Court #925

Cause of Death, First (Primary), ... Inanition

Second (Immediate), ...

Duration of Last Sickness, Delicate from birth, a Twin Child

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1887

Undertaker, William Dungee

Place of Business, 150 East St *Address,*

L. G. Sparrow *M. D.*

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to

Health Department, City of Baltimore.

Permit No. 98298 *Office of Registrar of* [illegible] Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* [illegible] *Days.*

Color, White

Married. Single. Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give Street and Number.} 1111 Chew st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St James catholic Cemetery

Date of Burial, March the first

Undertaker, R Kerr & Son

Place of Business, [illegible] *Address,* 1201 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98299 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without Proper Certificate.

HEALTH DEPARTMENT, FEB 28 1887, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kittie Newton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} —

Age, about 50 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond County Va

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 740 Chesnut alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Genal Debility

Duration of Last Sickness, 13 days under My Care

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1887

Undertaker, Alex Hemsley

Place of Business 561 Orchard st

J W^m Correll M. D., Medical Attendant.

Address, 88 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 98300 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Regner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or Widower,* {Cross out the words not required in this line.} ✓

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 21 Yrs

Duration of Residence in the City of Baltimore, 21 Yrs

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Aortic & mitral regurgitation (Cardiac dropsy)

Second (Immediate), Heart failure

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, March 1st 1887

Undertaker, Fred Gaede

Place of Business, 108 E Baltimore

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible]

Health Department, City of Baltimore.

Permit No. 18301

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Lange

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 112 n Chester St.

Cause of Death, First (Primary), Premature birth

Second (Immediate), Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant

Date of Burial, March 1

Undertaker, [illegible]

Place of Business, [illegible]

J. H. Collmberg M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8302 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT BALTIMORE MD. FEB 28 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 27th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia C. Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 4 *Months,* 1 *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} ~~Rebecca~~ Rebecca 18. 621

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate), Coma,

Duration of Last Sickness, about 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1887

Undertaker, Saml W Chase

Place of Business, 414 S Howard St *Address,* 702 W. Fayette St.

J. H. Hoffman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98303

Office of Registrar of Vital Statistics. 2*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Feb. 26 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Beck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 6 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East Ave No 26

Cause of Death, First, (Primary.) inflamation of the liver

Second, (Immediate.) Dropsie

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty

Date of Burial, March 1th 1887

Undertaker, Peter Frey

Place of Business, 91 Eden St

[illegible] M.D.,
Medical Attendant.

Address, 64 Lower Fleet

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 18201 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1622 McHenry St.

Cause of Death, First (Primary), Inflammatory Rheumatism

Second (Immediate), Endo- & Pericarditis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Mch 1/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto

John Neff M. D.
Medical Attendant.

Address, 751 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98305 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 424 S. Caroline St.

Cause of Death, { First, (Primary,) — ; Second, (Immediate,) Typhoid Fever.

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Mar. 1st 1887

{ *Undertaker,* William Dunger
{ *Place of Business,* 1710 East St

J. L. Bushell Jr. M. D., Medical Attendant.

Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7306

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Wheatley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 522 Aberdeen alley

Cause of Death, First (Primary), Dentition

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1887

Undertaker, William Dunges

Place of Business, 150 East St

Address, 1937 Hanover St

John Cuyler Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully

Health Department, City of Baltimore.

Permit No. 98307 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 1 1887
BALTIMORE MD

8

CERTIFICATE OF DEATH.

Date of Death, Febr 28 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. Urban Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* 1 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 1226 Holbrook St

Cause of Death, First (Primary), membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemtr

Date of Burial, Mar 1st 1887

Undertaker, Henry Hoerth

Place of Business, 1023 Pratt ave

P. L. Daniel *M. D.*
Medical Attendant.

Address. 1727 E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to

Health Department, City of Baltimore.

Permit No. 18308 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MAR 1 1887

CERTIFICATE OF DEATH.

B

Date of Death, 26 Feb. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie a. Graham

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* *Days

Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, About 18 Years.

Place of Death, {Give Street and Number.} 21 (old) Hamptstead St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Unknown; I saw her but once.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 1st 1887.

Undertaker, A W Madden

Place of Business, 76 East 8th

P. J. Leonard M. D.
Medical Attendant.

Address, 1724 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 98309 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1887

a

CERTIFICATE OF DEATH.

Date of Death, Feb 27 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyon Fleming

Sex, Male or Female, {Cross out the word not required in this line.} Male Fleming

Age, 6 *Years,* — *Months,* — *Da*

Color, Mulatt

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti-

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 131 Aisquith s-

Cause of Death, First (Primary), Dysentery

Second (Immediate), asthenia

Duration of Last Sickness, 2 mos. (about)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st '87

Undertaker, J J Locks

Place of Business, 1421 Jefferson *Address,* 403 N. Eutaw s-

E. Smith *M.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 8310 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT RECEIVED MAR 1 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Bridges

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 0 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Taneytown Md

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} 1731 Bolton St

Cause of Death, First (Primary), Acute Indigestion

Second (Immediate), Heart failure

Duration of Last Sickness, Death Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Mch 1st 1887

Undertaker, Dennis & Mitchell Chas E Fadtle M. D.

Medical Attendant.

Place of Business, 550 W Fayette St *Address,* 2100 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks

Health Department, City of Baltimore.

Permit No. 9831 | *Office of Registrar of Vital Statistics* | Ward 6

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Davenport

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 118 N. Castle St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 2nd 1887

Undertaker, W. W. Madden

Place of Business, Shew St

Wm H. Norris M. D.
Medical Attendant.

Address, 1300 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

Health Department, City of Baltimore.

Permit No. 9312 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is respectfully requested to present a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 26th February 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Martin S. Butler.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty three *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labouring Man.

Birth Place. {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} No 1220 Orleans St. Balto.

Cause of Death, First (Primary), Carcinomatic diathesis. Dyscrasia.

Second (Immediate), Epithelioma. (Cancer of Rectum.)

Duration of Last Sickness, More than Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1 1887.

Undertaker, John Kenady

Place of Business, 2008 Orleans

W. C. VanBebber M. D.
Medical Attendant.

Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 8313 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S RETURN
MAR 1 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Fischer

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S. —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1521 Nicholson St

Cause of Death, First (Primary), Measles —

Second (Immediate), Dysentery. —

Duration of Last Sickness, 5 dys I

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, March 2 1887.

Undertaker, John Hennessy Grant Evans M. D.
Medical Attendant.

Place of Business, 2008 Orleans St *Address,* 9 E Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8314 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE, MD.

13

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gudnier Rock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2935 Boulevard St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 1st 1887

Undertaker, Wm Uhlemann

Place of Business, Gay st

E. J. Mahoney M. D.
Medical Attendant

Address, 2826 Eldon St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the [illegible]

Health Department, City of Baltimore.

Permit No. 9815 *Office of Registrar of Vital Statistics* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Dorsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wash Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} No. 80 Sterling St

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 2, 1887

Undertaker, Henry McGinnis

Place of Business, 6 N. Central Ave. *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 9836 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Seibel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 1136 S Charles

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 2

Undertaker, B. Hall

Place of Business, 115 West St

Address, 518 Hanover

Herman Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 8317

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Kramer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 mos —

Place of Death, {Give Street and Number.} 1000 Hanover St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonitis

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, March 2-87

Undertaker, C. F. Kramer & Son

Place of Business, 703 Hanover *Address,* [illegible]

W. S. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 8318 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the [illegible] of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR DEPARTMENT MAR 1 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Drury.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 522. Addison Alley

Cause of Death, First (Primary), Teething

Second (Immediate), Spasms.

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mch 2" 1887

Undertaker, Conn. Draper

Place of Business, East St

James A. Stewart. MD M.D.

Comm" Street & 2d Res Sinai

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John. E. Dunning

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 7839 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas G Ford.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 87 *Years,* 9 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Leather dealer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 58 yrs.

Place of Death, {Give Street and Number.} 1204 Mosher st.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), "

Duration of Last Sickness, Died Suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch 2/887

Undertaker, Armistead Sons

Place of Business, 963 Light

Jno D Cunningham M. D.
Medical Attendant.

Address, 505 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9820 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 28. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Rehbaum

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dour Years

Place of Death, {Give Street and Number.} 107 S Payson av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Washington Road

Date of Burial, Mch 2. 1887

Undertaker, Jno P Poulus

Place of Business, 2009 Fredk ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List [illegible]

Health Department, City of Baltimore.

Permit No. 9321 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT BALTIMORE MAR 2 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ed. Robertson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 69 Parkin St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 2nd

Undertaker, J. J. Conway

Place of Business, 89 Watkins

H. L. Blum M. D.
Medical Attendant.

Address, 605 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98325

Office of Registrar of Vital Statistics. 14th

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1887 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, February 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Carson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 66 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Coal Dealer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Frederick County Maryland

Duration of Residence in the City of Baltimore, About 44 years

Place of Death, { Give street and number. } N 112 S Calhoun St

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) Senile Asthenia

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 2nd 1887

Undertaker, Denny Mitchell

Place of Business,

James Armitage M.D.,
Medical Attendant.

Address, N 14 S Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

HEALTH DEPARTMENT MAR 2 1887 BALTIMORE

Health Department, City of Baltimore.

Permit No. 98323 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, ... information of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ... hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Drissel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 9 *Months.* — *Days.*

Color, Colith

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 1024 N Gay St

Cause of Death, First (Primary), Vesicular Emphysema

Second (Immediate), Asphyxia

Duration of Last Sickness, Three (3) years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 3d

Undertaker, Geo Schilling

Place of Business, 1 N Howard Sts

Sworn to before me this 2nd day of March 1887 Geo Schilling M. D.

Medical Attendant.

Address, 1024 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 8324 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Miller

Sex, Male or Female, {Cross out the word not required in this line.} August Male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 105 N. Front St

Cause of Death, First (Primary), Cerebro Spinal Meningitis (Cerebro Spinal Fever)

Second (Immediate), Asthenia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Mar 2, 1887

Undertaker, Henry Hoen

Place of Business, 1023 Central Ave *Address,* 408 N. Eden

D. Sheil *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9 9 3 2 5 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 1/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Weaver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1110 Byrd St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 2nd 1887

Undertaker, W J Cadogan

Place of Business, 227 Mulberry St Address.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 18326 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1887

a

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Deaver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give Street and Number.} 1110 Boyd St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), do.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 2nd 1887

Undertaker, M Cadogan

Place of Business, 227 Mulberry *Address,* [illegible]

D. Lennon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 28327 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 7 1887

CERTIFICATE OF DEATH. D

Date of Death, March 1st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Flook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Hargrove Alley

Cause of Death, First (Primary), Scrofula

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2nd 87

Undertaker, W. H. Medder

Place of Business,

J. Augustus Flook M. D.

~~Medical Attendant.~~

Address, Cor Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J. H. Hamill Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98328 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
MAR 2 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Weikel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant-Taylor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 506 N. Calhoun St

Cause of Death, First (Primary), Fatty Degeneration of the Heart

Second (Immediate), Sudden Heart Failure

Duration of Last Sickness, Last illness half hour

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 3d 1887

Undertaker, John J. Andrews

Place of Business, No 407 & 409 Druid Hill Ave *Address,* 839 Edmondson ave

Chas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of [illegible]

Health Department, City of Baltimore.

Permit No. 18329 — *Office of Registrar of Vital Statistics.* — Ward 5th

The Physician who attended any person in a last illness, is responsible for the information of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1887 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

a

Date of Death, March 1st 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} In rear of 246 Chestnut St

Cause of Death, First (Primary), Stricture Bowels

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 3rd 87

Undertaker, W. W. Madden

Place of Business,

Thos A Shearer M. D.
Medical Attendant.

Address, Cor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. F. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 8330 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 2 1887
BALTIMORE

CERTIFICATE OF DEATH. D

Date of Death, March 1/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Loeffert

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1912 E. Eager St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mountcarmel Cem

Date of Burial, 2 March

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,*

J. H. Collenburg, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 98331

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DUPLICATE
MAR 7 1887

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Georges

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 Years, 7 Months, 20 Days

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Piano maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 611 Augusta

Cause of Death, First (Primary), Catarrh of bladder

Second (Immediate), Apthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Back Cemetery

Date of Burial, March 30

Undertaker, Geo. Schilling

Place of Business, 1st and Eutaw

Medical Attendant. M. D.

Address, 949 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 78332 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of his certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 1/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Bockelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 7 *Months,* 26 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 607 S. Sharp St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Caroline *Address,* 833 Edmondson Ave

Wm. E. Gilbous M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 9333 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Oldenburg.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor on English Str "Lord"

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Rotterdam Germany.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Fell overboard from ship at Pier 32 on New years day and was drowned. Body did not come to surface until March 2nd 87

Cause of Death, First (Primary), Drowning

Second (Immediate), Asphyxia.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, March 2. 1887

Undertaker, M. A. Daige Jr

Place of Business, 74 E. Bway

Frank J. Flannery M. D.
~~Medical Attendant.~~
Coroner.
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9834 *Office of Registrar of Vi[tal Statistics]* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

13

Date of Death, March 2nd, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vereneka Wozinska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 837 S. Bond St

Cause of Death, First (Primary),

Second (Immediate), Internal Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cmty.

Date of Burial, March 3th 87

Undertaker, Felix Borkowski

Place of Business, 1732 Aisquith St

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Blanks on ...

Health Department, City of Baltimore.

Permit No. 9835

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 4
BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, February 27 - 1887 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Erskine -

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} ~~272~~ Mc Duneys Ct 822

Cause of Death, First (Primary), Intestitial Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3 1887

Undertaker, S W Chase

Place of Business, 641 Howard *Address,* 728 N Broadway

G. L. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 98336 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for [illegible] Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A REGISTRAR'S CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1907 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 28. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Owen McDermott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation Contractor

Birthplace, { State or country, and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 496 Greenmount Ave

Cause of Death, First (Primary),

Second (Immediate). Cancer of the face.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 3rd

Undertaker H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

Edward R. Nard M. D.
Medical Attendant.

Address, 648 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 4 on the other side.

Health Department, City of Baltimore.

Permit No. 9837 *Office of Registrar of Vital Statistics* Ward 2 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~ *Years,* 6 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 1603 Shakespeare St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Conn

Date of Burial, March 8th

Undertaker, W. L. Lyford

Place of Business, 151 S Bond Address. # 1709 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 18338 *Office of Registrar of* [illegible] Ward 2

The Physician who attended any person in a last illness, is respo[illegible] for the presentation [illegible] certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Warlick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} # 835 S. Bond St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Intermittent Fever

Duration of Last Sickness, Since Summer of 1886

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 2cd

Undertaker, H. Dippel

Place of Business, 151 S. Bond St

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MAR 3 1887

Permit No. 98339 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachiel L Simons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Born *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1104 Penn. ave.

Cause of Death, First (Primary), Accidental Burning

Second (Immediate), Nervous Shock

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3 rd

Undertaker, Andrew Rohdt

Place of Business, 130 Penna Ave

Silas Baldwin M. D.

Medical Attendant.

Address, 139 Dolphin st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 98340 *Office of Registrar of Vi... Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsibl... presentation of ... rtificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *tw...* h... ... deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Virginia Horner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 120 Dolphin St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 4/87

Undertaker, Chas J. Scuvin

Place of Business, 925 Madison ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to [illegible]

Health Department, City of Baltimore.

Permit No. 98341 *Office of Registrar of Vi[illegible]* Ward 19

The Physician who attended any person in a last illness, is responsible [illegible] presentation of [illegible]ate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twe[illegible] hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyerzyane Forman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Black.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Wash Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 314 Parish alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pulmonary Abscess

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1887

Undertaker, William Dunger

Place of Business, 150 East St

N W Wright M. D.
Medical Attendant.

Address, 220 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Healt Department, City of Baltimore.

Permit No. 98342 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Michel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Confectioner

Birth Place, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 42 years.

Place of Death, {Give Street and Number.} 112 N. Carrollton Ave.

Cause of Death, First (Primary), Old Age

Second (Immediate), General Debility

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Con

Date of Burial, Mch 5/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. *Address,* 814 W. Lombard St.

C. W. Weber M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 98343 *Office of Registrar of Vital Statistics* Ward 10 9

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Warnbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 308 W. Fayette st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Mch 4/87

Undertaker, I. B. Cook

Place of Business, 1003 W. Balto St *Address,* 16 Franklin

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permit No. 98344

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Certificate.

MAR 3 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March. 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace. S. Parkman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 525. Mc Elderry st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exanstion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1887

Undertaker, Wm Madden

Place of Business, 46 East St

Geo Bartman M.D.,
Medical Attendant.

Address, 1918 E. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98345 *Office of Registrar of Vital Statistics*, 17 Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rosemark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria –

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give Street and Number.} Dropped dead at Cor. Cross & Charles St was removed to his home No 523 Cross St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 4 "1887

Undertaker, B Hale

Place of Business, # 116 W Pratt St

J. J. Flannery *M. D.*

Coroner Medical Attendant.

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE

Permit No. 98346 *Office of Registrar of Vital Statistics.* Ward 17 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 2 and 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret H. Wintermute

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 5 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore. 12 yrs

Place of Death, {Give Street and Number.} 315- E. Fort ave.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, May 6

Undertaker, B. Hall

Place of Business, 115 West Pt

R. C. Lee M. D.
Medical Attendant.

Address. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 9834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAR 3 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Emmet Carr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number} No. 8 E. Preston St.

Cause of Death { First, (Primary,) Sulphuric Acid Poisoning (Accidental)
, { Second, (Immediate,) Collapse in.

Duration of last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 4th 1887

Undertaker, Stewart & Moore

Place of Business, 35 Park Ave

Nathan R. Gorter M. D.
Medical Attendant.

Address, S.W. Cor. Charles & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e special Attent... Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98348 *Office of Registrar of Vi...* Ward 3 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1897 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Hoodless

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Dealer

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Queens Ann Co

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} Balto University Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Embolism

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 4th

Undertaker, Henry McGinnis *Wm. J. Cathell* M. D.

Medical Attendant.

Place of Business, 200 N. Central Ave *Address,* 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Practice [illegible]

Health Department, City of Baltimore.

Permit No. 98349 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPT. MAR 3 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael & Anne O'Leary Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Pratt St # 1022

Cause of Death, First (Primary), ... Second (Immediate), Spasm —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, March 3

Undertaker, Joseph B Cook

Place of Business, 1103 W Baltimore *Address,*

L. L. Sparrow *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9850 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 3 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Casey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} C

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} (old) 142 Druid Hill Ave.

Cause of Death, First (Primary), Bendo-Membranous Croup

Second (Immediate),

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Mar[c] 3rd 1887

Undertaker, Dieterick Wiegand

Place of Business, 1006 Druid Hill Ave *Address,* 311 W. Monument St.

C. O'Donovan Jr. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98351 *Office of Registrar of Vital Statistics.* Ward 5 1/2

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 2 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Robinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 144 Chestnut Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, March 4 1887

Undertaker, Hercules Ross

Place of Business, 40 4 Eutaw

Edward [illegible] M. D.
Medical Attendant.

Address, 208 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98352 *Office of Registration of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 28. March. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bojeslav Trutnovsky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} Thames Street Nro 75 (old)

Cause of Death, First (Primary), } Eclampsia

Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. A. G. Thomas Cem.

Date of Burial, March 3. 87

Undertaker, Felix Bros Kowski

Place of Business, 1752 Aisquith

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 318 (n)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department of Baltimore.

Permit No. 98353 *Office of Registrar of Vital Statistics.* Ward 13 1/4

The Physician who attended any person in a last illness, is [illegible] the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] *hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Glaser

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One Week

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, March 3. /87

Undertaker, H. Sander & Son

Place of Business, 1710 Canton ave

J. P. Hott M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98324 *Office of Registrar of Vital Statistics* Ward 15th

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Hodge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 York St,

Cause of Death, First (Primary), Bronch. Catarrh.

Second (Immediate), Pertussis —

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Wheeler Cemetery

Date of Burial, March 3 1887

Undertaker, Hercules Ross

Place of Business, 404 Eutaw St

J. M. White — M. D.
Medical Attendant

Address, Northern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 98353 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1897 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Balto March 3rd 97 - 2 AM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Moan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 32 So High St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 So High St

Cause of Death, First (Primary), Suffocation, due to mother

Second (Immediate), lying on child during an attack of

Duration of Last Sickness, Epilepsy

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Mar 3rd 97

Undertaker, M. Clarkson

Place of Business, 92 O Ann

F. Lang M. D.
Medical Attendant.

Address, 100 So High St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98356 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. McMahon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 19 N. West Ave.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Spasms.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Mch 4 - 1887 | F. J. Flannery M. D.

Undertaker, Wm Flynn | ~~Medical Attendant~~ Coroner

Place of Business, 42 & Wolfe St | *Address,* 701 S. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 98357 *Office of Registrar of Vital Statistics.* Ward 4th

RECEIVED DEPARTMENT OF HEALTH MAR 3 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 1 " 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane C Smith Samuel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 232 N. Exeter

Cause of Death, First (Primary),

Seeond (Immediate), apoplexy

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 4th 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S Broadway *Address,* 19 Franklin

S Mattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98358 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT MAR 3 1887

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 2d 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno F Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 9 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Contractor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Emmittsburg Md.

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give Street and Number.} 1411 W. Lombard St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Asthenia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Mch 4/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St

L. F. Smithcum M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 48339

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, March 2, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia C Blake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 3 *Months,* *Days*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 332 Rose St. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 332 Rose St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1887

Undertaker, Alex. Hemsley

Place of Business, 561 Orchard St. *Address* 563 W. Hoffman St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98360 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT MAR 3 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 2, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rees

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, C

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Va

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} 110 Rabury Pl Rabury

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Winchester V.A

Date of Burial, March 4 1887

Undertaker, Abey Hamsley

Place of Business, 561 Orchard St *Address,* 763 W Fayette St

O. M. Nesbit M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4564 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... Date...

Health Department, City of Baltimore.

Permit No. 98361 *Office of Registrar of Vital Statistics.* Ward 20½

REGISTRAR'S OFFICE MAR 3 1887 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert Stanley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1431 Vincent Alley

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Marasmus

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hunts St Cemetery

Date of Burial, March 3d 1887

Undertaker, Wm N Dunges

Place of Business,

Thos A Shuman M. D.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or ~~the Coroner~~, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. E. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

4 Ward

Permit No. 9836 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Wilmore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black ✓

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1412 Holland st

Cause of Death, First (Primary), Child Birth

Second (Immediate), Puerperal Septicaemia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, March 4th 1887

Undertaker, W C Dunger — James A Steuart M. D.

Place of Business 130 East st — *Address,* ~~Medical Attendant.~~ Corner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 98363

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAR 3 1887

B

CERTIFICATE OF DEATH.

Date of Death, March 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel & Lelia Wilmore (Parents)

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1412 Holland st

Cause of Death, First (Primary), ...

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 4th 1887

Undertaker, W N Dunge

Place of Business, 150 East st

Thos A Clemens M. D.

~~Medical Attendant.~~

Address, Town

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 98364

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 3 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 (41) *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, widow

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 107 Clement St

Cause of Death, First (Primary),

Second (Immediate), Rheumatism

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Mch 4th 1887

Undertaker, [illegible]

Place of Business, [illegible]

Hereford Otis M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98365 *Office of Registrar of Vital Statistics.* Ward 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 2 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lucretia Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, {Give Street and Number.} 20 37 E. Lombard St

Cause of Death, First (Primary), Meningeal Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, In E Burial ground

Date of Burial, March 4th 87

Undertaker, Wm S. Ley

Place of Business, 321 h Bond St

G. G. Lusk M. D.
Medical Attendant.

Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98366 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Harms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 1413 Cookie St.

Cause of Death, First (Primary), Capillary

Second (Immediate), Bronchitis

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 4th

Undertaker, Wm Rawlins

Place of Business, 248 Aliceanna St

J. Schmidt M. D.
Medical Attendant.

Address, 909 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98367 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 4 1887

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Jane Henderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} # 1119 E. Wilson St

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 4th 87

Undertaker, Dr. Pennell

Place of Business, 56 Orchard

H. Ricketts M. D.
Medical Attendant.

Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98368 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE MD.

Date of Death, 3d March 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Pall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give Street and Number.} 120 N. Chester

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Debilities

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 5 March

Undertaker, John Glenning

Place of Business, 382 Orleans St.

E. P. Sons M. D.
Medical Attendant.

Address, 1825 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18369 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 4 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Grenelle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, Blacke

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} Raburg 186

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness, one Month

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1887

Undertaker, S H Chase

Place of Business, 641 Howard St *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death. to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 18370 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT MAR 4 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Salivation & Chronic Nitrus

Second (Immediate), Pneumonia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, Mar 3rd 1887

Undertaker, Chas Pinkard

Place of Business, City Hall

L. Wheeler M. D.
Medical Attendant.

Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 8371 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 4 [illegible]

CERTIFICATE OF DEATH.

Date of Death, March 3-1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Freide

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 32 years —

Place of Death, {Give Street and Number.} 2019 E. Chase st —

Cause of Death, First (Primary), Apoplexy

Second (Immediate), apnoea

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, March 5 1887

Undertaker, Henry Koch

Place of Business, 1123 Hanover st

D. Shatt M. D.

Medical Attendant.

Address, 409 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 18372 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Webster

Sex, ~~Male~~ Male *or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, Black

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic myelitis - Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4th 1887

Undertaker, William Dunger

Place of Business, 150 East St. *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, also to List of Diseases on

Health Department, City of Baltimore.

Permit No. 98373

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, whether requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruby Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1629 Caroline ave

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Oak Hollow

Date of Burial, March 7th

Undertaker, Evans & Spence

Place of Business, 1000 E Baltimore

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 4 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Parrish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1534 Aisquith St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Rheumatism of Heart.

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 6/87

A. Gittaden M. D.
Medical Attendant.

Undertaker, Chas W. Sorrier

Place of Business, 925 Madison Ave

Address 1301 N Eutaw ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 8375 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Hellbaerfer

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 112 (new) N. Wolfe St

Cause of Death, First (Primary), Obstruction of Bowels

Second (Immediate), Ileus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, March 5th 87

Undertaker, G. O'Brien

Place of Business, Pank & Wolfe Co. *Address,* 1523 E. Baltimore

J. Statham, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 18376 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAR 4 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa and Ke. Gostomski (Parents)

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 hours ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 606. S. Anne St

Cause of Death, { First (Primary), ... Convulsions

Second (Immediate), ...

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 5th 1887

{ *Undertaker,* Felix Broskowski

Place of Business, Alley Anna *Address,* Canton R.R. ~~Medical Attendant~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John McDermott Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 9837 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 4 1887 BALTIMORE, MD.

Date of Death, March 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Moor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~~~ *Years,* ~~~~ *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 27 Above St. (Oldtown)

Cause of Death, First (Primary), Premature birth

Second (Immediate), Atelmia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 4th 1887

Undertaker, Chas. L. Dugan

Place of Business, East St

James A. Steuart M. D.

Coroner & Health & Registrar Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John. E. Duang Inspector

Health Department, City of Baltimore.

Permit No. 15378 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC

MAR 4 1887

CERTIFICATE OF DEATH.

Date of Death. March 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus W. Dodge.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Physician.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York State.

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, {Give Street and Number.} 410 Hanover St.

Cause of Death, First (Primary), Chronic Ulceration of large Intestine

Second (Immediate), Lithiac Acid Diathesis Superveni producing Inflammation of the whole Urinary apparatus

Duration of Last Sickness, 10 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 6th 1887

Undertaker, Denny J. Mitchell

Place of Business, 1201 N. Gayette

R. J. N. Tall, M. D. attending Physician.

Hamp. Smith M. D. Consultant. ~~Medical Attendant.~~

John Morris M. D. Consultant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules as Below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 9879 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE MD

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm I. Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 16 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 727 Rickets St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public ar

Date of Burial, March 5th 1887

Undertaker, Geo. E. Brown

Place of Business, Health Dept *Address,* 617 Light St

C. O. Stockett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8380

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 4 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. McCoubray Sr

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age. 72 *Years,* 3 *Months.* *Days*

Color, White

~~*Married, Single, Widow or* Widower,~~ {Cross out the words not required in this line.}

Occupation, Cracker manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give Street and Number.} Old Mens Home Lexington Av

Cause of Death, First (Primary), Phthisis

Second (Immediate), Diarrhoea exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th 1887

Undertaker, Henry H. Mears

Place of Business, ~~No.~~ 413 E. Fayette St *Address,* 1908 Madison Ave

N. M. Wilson M.D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 8381

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 4 1887
BALTIMORE MD.

Date of Death, Mar 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Schimmingas

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 43 Years, 9 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 225 Hurling Court

Cause of Death, First (Primary), Cancer of the Uterus

Second (Immediate), 2 mos

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, A. Alphmus Cemty

Date of Burial, March 6 m

Undertaker, Jos. Joerdens & Son

Place of Business, 210 N. Schroeder St

Address, 1127 E. Fait. st. Medical Attendant. D. L. Dauch M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9382

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

MAR 4 1887 DEPARTMENT BALTIMORE MD.

Date of Death, March 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daphne Hanstung

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 86 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N.C. none

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 614 N Eutaw St

Cause of Death, First (Primary), Sciatica

Second (Immediate), Uremia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 5th 1887

Undertaker, S M Chase

Place of Business, 641 Howard St

Address, 953 Madison Ave

Elias G Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 9838 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd. 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel Pitts

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 46 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Excavating & Carrator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death. {Give street and Number.} 387 & Washington St

Cause of Death. First (Primary), Cerebral Hemorrhage

Second (Immediate).

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Hampton Virginia.

Date of Burial, March 6th 1887

Undertaker Chas S Butler

Place of Business, 310 N. Caroline Address, 220 Bond St.

James E Daniels M. D. Medical Attendant.

MAR 4 1887 BOARD OF HEALTH BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

4568

Health Department, City of Baltimore.

Permit No. 9384

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
MAR 5 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ramaun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 1430 Shelpot Alley

Cause of Death, First (Primary), Tuberculer Meningitis

Second (Immediate),

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 5th 1887

Undertaker, A. Pinkson

Place of Business, 715 N. Gay St

Medical Attendant. E. St. Thomas M. D.

Address, 1006 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 98385. *Office of Registrar of Vital Statistics.* 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Year~~ March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Steinbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} 127 N. [illegible] St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Jaundice

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 6th 1887

Undertaker A. Fink & Son

Place of Business, 913 N. Gay St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Fisca[illegible]ack

Health Department, City of Baltimore.

Permit No. 98386 *Office of Registrar of Vital Statistics,* Ward 11 C 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Mar. 3rd " - 11.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Catherine Webster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give Street and Number.} 425 St. Mary st.

Cause of Death, First (Primary), Tabes Mesenterica.

Second (Immediate), Asthenia.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5th 1887

Undertaker, Alex Hemsley

Place of Business, 561 Orchard

F. P. Murphy M. D.
Medical Attendant.

Address, 78 Md. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 9838 7 *Office of Registrar of Vital Statistics* Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Dauphin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md,

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 68 S. Bethel

Cause of Death, First (Primary), acute Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5

Undertaker, John E Grace

Place of Business, 312 S. Caroline St *Address,* 129 S Broadway

R W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 98388

Office of Registrar of Vital Statistics

Ward 14th

The Physician who attended any person in a last illness, is responsible [illegible] to the Undertaker or other person superintending the burial, within *twenty-four* [illegible] requested so to do, under penalty of law.

[illegible] *accurately filled out,* [illegible] the death [illegible] deceased, or sooner, if

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 5 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, March 3rd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida West

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 0 *Months,* 0 *Days.*

Color, Dark brown

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} (New No) 916 Harmony Lane

Cause of Death, First (Primary), Bilious fever

Second (Immediate), Phthisis Pulmonales

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, March 5 1887

Undertaker, Hercules Yost

Place of Business, 104 Eutaw St. Benj H Bohrer M. D.

Medical Attendant.

Address, Cor Mulberry & Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98389

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE, MD.

A

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline M. (Infant) Wife of Josephine Rohler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} New No 838 Granby St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Some days = I only saw it one day = time of death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th 1887

Undertaker, Fred. Gaede

Place of Business, 108 S. Caroline *Address,* 1102 E Balto St

Wm. H. Sherfey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98390 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 5 1887 BALTIMORE MD.

73

CERTIFICATE OF DEATH.

Date of Death, March 2 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* — *Months,* — *Days.*

Color, Mulatto (dark)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 6 yrs -

Place of Death, {Give Street and Number.} 322 Chestnut St. Chestnut St

Cause of Death, First (Primary), Laryngeal Tumor (Non malignant) X

Second (Immediate), ~~Tumor~~ Suffocation

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Mar 6th 1887

Undertaker, William Dungan

Place of Business, 150 East St *Address,* 418 S. Gates

D. Theil *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

X over 4567 Transcribed

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98391

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

75

CERTIFICATE OF DEATH.

Date of Death, March 3/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rörhee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give Street and Number.} old no 84 Leadenhall St.

Cause of Death, First (Primary), Senile Decay

Second (Immediate), Syncope

Duration of Last Sickness, about 18 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, March 6th

Undertaker, F. W. Toll

Place of Business, 421 Hanover

J. H. Smith M. D.

Medical Attendant.

Address, 709 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the following notice.

Health Department, City of Baltimore.

Permit No. 98392 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jennie & Charles Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* — *Months,* 1 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 134 N. Bresler St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5/87

Undertaker, A Hensley

Place of Business, *Address,* Eng & B & O R

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. C. Roberts Inspector

Health Department, City of Baltimore.

Permit No. 98393 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 4/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S. J. Stiner Stiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1408 Ramsay St. Ramsey St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia & Dysentery

Duration of Last Sickness, Five days.

All the above information to be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 6 '87

Undertaker, J. W. Leonard & Son

Place of Business, 118 W Baltimore *Address,* 8537 W. Lombard St

A. L. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9839 4 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD

B

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Burgess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant girl -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 yrs -

Place of Death, {Give Street and Number.} 515 Burgundy Alley -

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Paralysis of the Heart -

Duration of Last Sickness, 3 mos -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 6th 1894

Undertaker, H. Doss

Place of Business, —

F. J. Flannery M. D.

Coroner ~~Medical Attendant.~~

Address. 1701 St. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 9839 5 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4 March 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Butler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 1— Welch alley (No number)

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 7/87

Undertaker Jacob Buchsbaum

Place of Business, 574 Dover St *Address,* Balto City Dispy

J. H. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98396 *Office of Registrar of Vital Statistics* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Wolfram

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Mid wife –

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (62 yrs in A

Duration of Residence in the City of Baltimore, 5 + years –

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, ~~February~~ March 5th

Undertaker, M. E. Miller

Medical Attendant, Oscar J. Cohen M. D.

Place of Business, 157 S Bond *Address,* 624 E. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98397 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie C. Tribles

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dress-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 810 West Fayette St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), " "

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Wares Wharf Va

Date of Burial, March 8th 1887

Undertaker, J. B. Cook

Place of Business, 1003 W. Balto St. *Address,* 502 W. Fayette St.

A. C. Fox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4568 Transit

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98398 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 5 1887
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Geterman

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 2044 Fairmount Ave

Cause of Death. First (Primary) Chronic Bronchitis

Second (Immediate)

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Mar 6th 1887

Undertaker, H. Sander & Son

Place of Business, 1708 & 1710 Caroline Ave

James E. Daniel M. D.
Medical Attendant.

Address, 1701 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98399 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

13

CERTIFICATE OF DEATH.

Date of Death, March 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 641 Conway St

Cause of Death, First (Primary), ———

Second (Immediate), Cyanosis

Duration of Last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 6th, 1887

Undertaker, Th. J. Wilson — Jno D Blake M. D. Medical Attendant.

Place of Business, 746 Columbia Address, 602 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98400 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S OFFICE
MAR 5
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Mackall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Driver of Wagon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvit Co Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} Vincent Alley # 1435-

Cause of Death, First (Primary), Consumption of the Lungs

Second (Immediate), Debility

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Mar 6th 1887

Undertaker, William Dungen

Place of Business, 17 East St *Address,*

L L Sparrow M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 98401 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAR 5 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phebe Baston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1124 N. Eldray st

Cause of Death, First (Primary), Cephalalgia

Second (Immediate), Cerebritis

Duration of Last Sickness, 1 Month & 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1887

Undertaker, William Dunger

Place of Business, 150 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 304 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9402 *Office of Registrar of Vital Statistics.* Ward 14.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1897 BALTIMORE.

Date of Death, March 6th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Swerlich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 24 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 341 S. Calhoun St

Cause of Death, First (Primary), Membranous croup.

Second (Immediate),

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 7th

Undertaker, Watts Emmert

Place of Business, 374 W Bdwy *Address,* 220 N. Sylvan St

H W Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78403 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1887 BALTIMORE

Date of Death, MAR 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lee Shaal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 9 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give Street and Number.} 646 West Lafayette St.

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 6 1887

Undertaker, C. Rosenberger

Place of Business, 61 Park Ave

Wm. A. B. Sullivan M. D.
Medical Attendant.

Address, 5 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9840 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, March 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Feldman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give Street and Number.} 1101 Chesapeake

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, March 6th 87

Undertaker, G. France

Place of Business, Pent & Wolfe *Address,* Bank & 2nd sts

A. S. Warner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8405 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 3, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominick Hobel. Habel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 19 Years.

Place of Death, {Give Street and Number.} 2214 Madeira Court

Cause of Death, First (Primary), ……

Second (Immediate), Malignant disease of abdomen. {Probably Cancer of Stomach or Colon.}

Duration of Last Sickness, Four months.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 7th 87

Undertaker, E. A. Frame

Place of Business, E. Frame & Wolfe Address, 611 N. Calvert St.

George A. Robé, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8486 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D.

CERTIFICATE OF DEATH.

Date of Death, March 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mulcahy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give Street and Number.} 217 Park Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 6th 1887.

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St *Address,* 883 N. Amber St

D. L. Dineen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, also to list of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 1845 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fitzgibbons 38

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17. *Years,* 7 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Orleans

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 32 W. S. Fulton

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, about 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 7th 1887

Undertaker, M Cadogan

Place of Business, 227 W Mulberry St Residence, 1401 London Ave

W R McKeown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98408 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 5 1887 BALTIMORE

Date of Death, March 5, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Beam

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 539 Fremont St

Cause of Death, First, (Primary.) General debility

Second, (Immediate.) Cachexia

Duration of Last Sickness, Four months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 7th 1887

Undertaker, McCadogan

Place of Business, 227 Mulberry St

W H Biffendeffer M. D., Medical Attendant.

Residence, 1421 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9419

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Mateer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} old # 73 N. Gilmor St

Cause of Death, First (Primary), Valvular Disease of

Second (Immediate), Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Clair Schuylkill County Pa

Date of Burial, March 8th 1887

Undertaker, Henry W. Mears

Place of Business, # 413 E. Fayette St

Medical Attendant, [illegible] M. D.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4569 (Mears)

[over.]

Health Department, City of Baltimore.

Permit No. 9840 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1887 BALTIMORE

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vonchick

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1130 Chesapeake St

Cause of Death, First (Primary), Gastritis

Second (Immediate), Convulsion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 6 The 87

Undertaker, Felix Brosbourke

Place of Business, 1732 Aliceanna

E. E. Tarchard M. D.
Medical Attendant.

Address, 1830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 9841 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 6 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Simbley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 10 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 10 month & 10 days

Place of Death, {Give street and Number.} 16 Lambert St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1887

Undertaker B W Chase

Place of Business, 614 Howard St

D. Ziegler M. D.
Medical Attendant.

Address, 612 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7842 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Nicholson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, colored

HEALTH DEPARTMENT MAR 6 1897 BALTIMORE

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} New No 821 Lehina St.

Cause of Death, First (Primary), ...

Second (Immediate), Inflammation of Stomach

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1897

Undertaker, Hercules Rigg

Place of Business, 40 Light St. *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8413 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie J. Eggart Eggart.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* 24 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} new No. 1 229 S. Durham St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Coma

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 7. 1887

Undertaker, M. A. Dayn. Mfg. Jno. S. Lynch M. D.
Medical Attendant.

Place of Business, 229 S Bway. *Address,* 229 S. Broadway

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9414 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT MAR 6 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5-11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Racampfer Racamper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Toledo Ohio.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 1740 N Washington Ave at City.

Cause of Death, First (Primary), Fracture of base of the Skull (through petrous portion of temporal bone)

Second (Immediate), Hemorrhage, compression of brain

Duration of Last Sickness, Pneumonia. (from injury)

All the above information should be furnished by the Physician.

Place of Burial, Toledo Ohio

Date of Burial, 7th E.

Undertaker, Geo Schilling

Place of Business, Oakland Ave

J. F. Wiltshire, M. D.
Medical Attendant.

Address, Fayette & Ascots

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4570 Trans

...specified below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 98415 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four Hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1887 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 5 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Phillips

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 508 S. Dallas St

Cause of Death, First (Primary), Pulmonary Consumption of Lungs

Second (Immediate), Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 7

Undertaker, John E. Grace

Place of Business, 713 S. Carolina St *Address* 408 N Monroe

J. H. Cullen M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9816

Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 6, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert R. Frist

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 19 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Street and Number.} 429 N. High St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 7 1887

Undertaker, Jos O Lyons

Place of Business, 312 N Bond Address, 1101 N Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9847 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 5. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Browne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 2 *Months,* 1 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1126 N. Vincent al

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1126 Vincent al

Cause of Death, First (Primary), Umbilical hemorrhage (Surg. Hem.)

Second (Immediate), Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Mar 7 th 1887

Undertaker, H. Wm Dunger

Place of Business, 150 East St *Address,* 613 N. Carey st.

E. H. Holbrook, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8418 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 6 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Waterman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——————

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1352 Fremont Av

Cause of Death, First (Primary), Cedine Congestion Lungs

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 8

Undertaker, Walter Immel

Place of Business, 594 W Pedale *Address,* Corner of Carey & Pressman

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98419 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina A. Burg

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months,* *Days*

Color, white

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} Aisquith St. Nr. 2nd

Cause of Death, First (Primary), Phlebitis.

Second (Immediate),

Duration of Last Sickness, 4 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 8, 1887

Undertaker, Henry Koch

Place of Business, 1023 N. Central ave. *Address,* N.E. cor. Aisquith & Chase

Carl Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98420 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Jane Morris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 Years, 2 Months, 11 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 313 N. Paca St

Cause of Death, First (Primary), Cerebral Disease

Second (Immediate), of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 8th 1887

Undertaker, Stewart & Mowen

35 Park ave & Mt Royal & Boundary aves

G. H. Hubert, M.D.
Medical Attendant.

Address, 1916 Eutaw Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9844 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, March 6th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gatchell.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 10. Aliceanna St.

Cause of Death, First (Primary), Senile Cerebritis.

Second (Immediate), Asthenia.

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 8/87

Undertaker, Stewart & Mooney

Place of Business, 36 Park Ave *Address,* Boundary near Jas

Henry P. Smith — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 98422 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gaines

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 306 W. York st

Cause of Death, First (Primary), Heart disease

Second (Immediate), Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Essex Co. Va

Date of Burial, March 7 1887

Undertaker, Hercules Bass

Place of Business, 40 E Conway St

Frank J. Flannery M. D.

Coroner ~~Medical Attendant~~

Address, 170 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

457 Fremont

Board of Health, City of Baltimore,

Permit No. 98423

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 6th March 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine M. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 41 N. Eden st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysenteria Chronic.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th

Undertaker, Geo Schilling

Place of Business, 45th and Edmondson

Robert Smith M.D.
Medical Attendant.

Address, 427 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9842 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Terven.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 5 *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give Street and Number.} 929 Sharp St.

Cause of Death, First (Primary), Strangulated Femoral Hernia

Second (Immediate), Obstruction of Bowels = Enhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem

Date of Burial, March 8th 1887

Undertaker, Julius Rochler

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98425 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isola L Everett

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 4 *Months,* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1311 Chew St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 ds

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 7. 1887

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St.

D V Moore M. D.
Medical Attendant.

Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9846 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Buchanan Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Insurance

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland (Baltimore)

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 918 Madison Av.

Cause of Death, First (Primary), Valvular disease and degeneration of heart

Second (Immediate), Asthenia

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem

Date of Burial, Mar 7 1887

Undertaker, Wm Weaver

Place of Business, 738 N. Eutaw St *Address,*

L. Ettinger M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9842 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Joseph Billings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 169 Sarah Ann St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th 1887

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St

H. Branham M. D.
Medical Attendant.

Address, 901 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ecessary to be supplemented respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98428 *Office of Registrar of Vital Statistics.* Ward 8 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1887 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M McKee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1032 Hillman st

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Lawn

Date of Burial, March 7th 1887

Undertaker, H C Wiedefeld

Place of Business, 90 Greenmount Ave, *Address,* Chas & Eutaw M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry C M McKeown Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98429 *Office of Registrar of Vital Statistics.* Ward 5 — 11 — 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 5th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} # 125 Sterling St (old Number)

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 7th 1887

Undertaker, William Dengee

Place of Business, 150 East St *Address,* 29 Fisquith Street

David A Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98430 *Office of Registrar of Vital Statistics,* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAR 7 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, March 6th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} No 1206 Canton Av

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 8th 87

Undertaker, G. Francis

Place of Business, Bank & Wolfe Sts, *Address,* 111 S Arundel Av

J. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98431 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, March 7/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Stansberry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Madison~~ R. Office ~~Balto~~. Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 1738 Bank St

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Madison Md.

Date of Burial, March 9. /87

Undertaker, H. Sanderson

Place of Business, 1710 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4577 Transcript

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98432 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Mar 6 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Watson Nash Watson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 73 Walker n. Hilton St.

Cause of Death, First (Primary), Croup

Second (Immediate), asthenia

Duration of Last Sickness, 4 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 8/1887

Undertaker, Jas. C Byrne

Place of Business, N W 30 & Mt *Address,* 409 N. Eutaw

D. Stuart *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98433. *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT
MAR 8 1887
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolphus Trautman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Separated from his wife

Occupation, Courier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Pearl Street # 205

Cause of Death, First (Primary), Suicide by Chloroform and

Second (Immediate), Gas Poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, March 8.

Undertaker, John Teufel & Son

Place of Business, 379 W. Baltimore *Address,*

L. G. Sparrow M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98434 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. 1887

CERTIFICATE OF DEATH.

Date of Death, March 7, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Dodson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 16 Vincent Ave.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Shorper Cemetery

Date of Burial, March 8 1887

Undertaker, Wilhelm Bros

Place of Business, 150 East St

Jno. G. Smithson M. D.
Medical Attendant.

Address, 1327 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9845 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jos. H. C. Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Rockingham County Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} Balto City Jail

Cause of Death, First (Primary), Cold

Second (Immediate), Pleuro Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9th 1887

Undertaker, Henry W. Means

Place of Business, 413 E Fayette St

D. F. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98436 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milcah Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 65th Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 8th 1887

Undertaker, Henry H. Means

Place of Business, #413 E Fayette St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98437 *Office of Registrar of Vital Statistics.* Ward 20th

REGISTRAR'S OFFICE MAR 8 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rompusch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} 611 Pattersons Lane near Penna Ave

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), General debility

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Sweed Holme

Date of Burial, March 9

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Chas E Lucas M. D.
Medical Attendant.

Address, 2100 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 98438 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Distler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Retired Coal Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Still Seventy Years

Place of Death, {Give street and Number.} 90 S. Broadway

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Valvular Heart disease

Duration of Last Sickness, Some time about 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 9th 1887

Undertaker H. Sander & Son.

Place of Business, 170 Canton Ave. *Address,* 170 E. Baltimore

James E. Linville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spondents are respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98439 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1897 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, March 6th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Fisher

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 2515 Alice Anna st

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem.

Date of Burial, March 8th 1897

Undertaker, H. Sander & Son

Place of Business, 1710 Canton Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 1709 Alice Anna st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...spection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98440 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, March 7, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Charlotte Reid

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 39 *Years,* *Months,* *Days.*

Color Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 568 104 St Mary

Cause of Death, First (Primary), General Debility

Second (Immediate), Heart disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 9th 1889

Undertaker, Alex Hennely

Place of Business, 561 Orchard St

G. H. Fleming M. D.
Medical Attendant.

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98444

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 7th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gettman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number} 29 Bolton St.

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Pine Grove Cem.

Date of Burial, Mar 11th 1887

Nathan R. Porter M. D.

Medical Attendant.

Undertaker, Alex Hennaly

Place of Business, 561 Orchard ave

Address, S.W. Cor Carlton & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER

4578 Transit

...ease to Undertaker, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98442 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give Street and Number.} 702 Warner St

Cause of Death, First (Primary), Natural

Second (Immediate), Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 9th 1887

Undertaker, Ph. Seewald

Place of Business, 119 S. Eutaw St

J. K. Wiley M. D.

Medical Attendant.

Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98443 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine L. Radecke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 54 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, about 52 years.

Place of Death, {Give Street and Number.} 829 W. Crop St.

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 2 Months + 3 wks.

All the above informationshould be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 9th 1887

Undertaker, Wm. J. Tickner

Place of Business, 221 S. Eutaw St

H. W. Weber M. D.

Medical Attendant.

Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ysician as directed below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98444 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 8 1887 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, 7th. March 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months.* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Eager str. 1622

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 months'

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsons Cemy.

Date of Burial, March 9. 1887

Undertaker, Henry Hecht

Place of Business, 702 Bal. Central ave. *Address.*

William Henkel M. D.
Medical Attendant.

S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 98445 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 8 1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram R. Rinehart

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Years, 18 Months, 18 Days,

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} New 1610 Hanover St

Cause of Death. First (Primary), Teething

Second (Immediate), Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mch 8/887

Undertaker Cunningham

Place of Business, 963 Light

Geo. H. Jones M. D.
Medical Attendant.

Address, 516 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Prompt attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98446 *Office of Registrar of Vital Statistics.* Ward 20 1

HEALTH DEPARTMENT MAR 9 1887 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887 at 6 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lilley col, Mother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 12 hours *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, If of foreign birth.} Wilmer Alley Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 1533 Wilmer Alley

Cause of Death, First (Primary), Injury Sustained by falling on a Second (Immediate), Bucket containing water upon which the mother was seated at the time of birth.

Duration of ~~Last~~ Sickness, She is a young woman and was not aware of Labor coming on

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 8/87

Undertaker, Geo. E. Brown

Place of Business, Health Office *Address,*

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 9847 Office of Registrar of Vital Statistics, Ward 16a

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH SUPERINTENDENT, MAR 8 1887, BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Jane Barns

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, — Days,

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 924 Gordon Alley

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary), Diphtheritic Laryngeal Stenosis during Intubation

Second (Immediate), Asphyxia.

Duration of Last Sickness, Light Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 9th 1887

{ Undertaker, Sorrell & Hardy

Place of Business, 198 West St } Address, 1100 Linden Av. Medical Attendant.

Marion Dodson M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the name can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98448 *Office of Registrar of Vital Statistics.* Ward 2 11

CLERK'S DEPT. MAR 9 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, March 6/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Monsarrat

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Druggist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 316 S. Broadway

Cause of Death, First (Primary), Diabetes

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 9th 1887

Undertaker, Denny & Mitchell

Place of Business, 208 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPT. MAR 8 1887 BALTIMORE MD.

Permit No. 98449 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 7th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Salisbury.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, White.

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 132 S. Eden St.

Cause of Death, First (Primary), Chronic Cerebral Meningitis

Second (Immediate), Cerebral Hemorrhage.

Duration of Last Sickness, About 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 9th 1887

Undertaker, Dunn & Mitchell

Place of Business, 208 S Broadway *Address,* 44 Franklin St.

Gustavus Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98450 *Office of Registrar of Vital Statistics* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Parker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *~~Months~~,* *Days.*

Color, Brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Va.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} 1427 Baltimore al (Boulders)

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Pharsalia Cemetery

Date of Burial, March 8 1887

Undertaker, W H Chase

Place of Business, 641 Howard St

F. B. Gardner M. D.
Medical Attendant.

Address, 424 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 29 DAY Nov,
OF 19. THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH 95001 - 9/6/87 AND
ENDING WITH 98450 - 3/6/87 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: O Pline

END OF REEL